

Physical Activity Readiness Questionnaire

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

HIL-08 - Last Updated 26th January 2010



First Name:

Last Name:

Date of Birth:

Plus2 No:

IT IS YOUR RESPONSIBILITY TO INFORM INVERNESS LEISURE OF ANY CHANGES TO YOUR HEALTH STATUS / MEDICAL CONDITIONS. PLEASE COMPLETE TO THE BEST OF YOUR ABILITY

Are you under the age of 16? YES NO

* If "YES" a parent/guardian signature is required overleaf *

MEDICAL CONDITIONS SECTION

Do you suffer from any medical conditions: YES NO

If "yes", please state: _____

Severity of Condition: LOW MED HIGH

Are you taking any medication for this condition: YES NO

If "yes", please state: _____

Have you been diagnosed with any Additional Needs: YES NO

If "yes", please state: Date Diagnosed: _____
Diagnosis: _____

Any Special Requirements in Relation to Medical Conditions:

Have you ever suffered from:	YES/NO		YES/NO
Heart Disease or Chest Pain	<input type="checkbox"/>	Asthma/Epilepsy/Diabetes	<input type="checkbox"/>
High or Low Blood Pressure	<input type="checkbox"/>	Bone or Joint Problems	<input type="checkbox"/>
Back Pain	<input type="checkbox"/>	Allergies	<input type="checkbox"/>

Please also answer the following:
Do you smoke YES NO
History of heart related disease in your family YES NO

If there is any other issue not stated overleaf that may prevent you from participating in exercise please state below:

EMERGENCY CONTACT DETAILS SECTION

Name: Relationship:

Telephone Numbers: Landline: Mobile:

Signature: Date:

If the inductee is under 16 a parent/guardian signature is required below:

Signature: Date:

DATA PROTECTION - Any personal details you provide on this application form will be held safely and securely. Information within this form will be made available to instructors who will be looking after you during your chosen activity. The information is held in compliance with the Data Protection Act. It is your responsibility to ensure that you can safely and comfortably follow your recommended activity programme. If at any time you feel dizzy, experience pain (other than discomfort) or any other physical symptoms stop exercising, tell your instructor and consult your GP. You undertake exercise at your own risk. Any liability on the part of Inverness Leisure and it's staff is excluded unless negligence can be proven. I understand that for my health and safety, I may be asked to produce a doctor's note before exercising.

GYM INDUCTION SECTION (for Fitness Consultant use only)

Cardio Machines

Treadmill
 Bikes
 Adaptive Motion Trainer

Elliptical Glider
 Stepper

Resistance Machines

Chest Press
 Fly
 Ab Isolator
 Total Hip
 Gluteus
 Incline Chest Press
 Assisted Chin / Dip
 Lying Leg Curl
 Abductor
 Adductor

Seated Calf Raise
 Leg Press
 Seated Leg Curl
 Leg Extension
 Back Extension
 Lat Pull Down
 Bicep Curl
 Shoulder Press
 Upper Back
 Cable Cross Over

Instructor:

Date:

Instructor's Signature:

Time: