

PENHEX

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

CLIENT INFORMATION

FIRST NAME:
LAST NAME:
EMAIL / PHONE:
DATE OF BIRTH:

EMERGENCY CONTACT

FIRST NAME:
LAST NAME:
PHONE:

MEDICAL HISTORY

TYPE YES OR NO IN BOX

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	
2. Do you ever feel pain in your chest when you do physical activity?	
3. Have you ever had chest pain when you were not doing physical activity?	
4. Do you ever feel faint or have spells of dizziness?	
5. Do you have a joint problem that could be made worse by exercise?	
6. Have you ever been told that you have high blood pressure?	
7. Are you currently taking any medication that your trainer should be aware of? If yes, please list the medication and confirm that you have been cleared by your doctor to exercise.	
8. Are you pregnant or have you had a baby in the last six months?	

9. Is there any other reason why you should not participate in physical activity?

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If you answered yes to any of the above, talk to your doctor by phone or in person before participating in exercise.

By signing below I can confirm that I have answered all questions honestly and that the information given is correct. I agree to participate in physical activities and will monitor my own health. Should anything change in my condition, I will immediately inform my trainer.

NAME:
DATE:
SIGNATURE: