



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

NAME: _____ DATE: _____

AGE: _____ PHONE: _____ WORK/CELL: _____

PHYSICIAN NAME: _____ PHONE: _____

EMERGENCY CONTACT (name/number): _____

This form is intended to obtain relevant information about your health status that will assist your personal trainer in determining if it is necessary to obtain medical clearance from your physician. Please answer the following questions to the best of your knowledge.

Table with 3 columns: Question, Yes, No. Rows include: History of heart problems, A chronic condition, Recent surgery, Pregnancy, Respiratory problems, Muscle, joint, or back problems, Smoking, High cholesterol, Hernia, Family history of: heart problems, diabetes, cancer, respiratory problems.

Are you on any medications? If so, please list. _____

Do you have any orthopedic problems that would become worsened by exercise? _____

Are there any other reasons that may complicate or prevent you from exercising? _____

Please explain any "yes" answers: _____

Signature: _____ Date: _____

Signature of Personal Trainer: _____ Date: _____