

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



Name \_\_\_\_\_ Age \_\_\_\_\_ Email: \_\_\_\_\_

Male  Female Phone # \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Please answer **Yes** or **No** Below to each question: **Yes**    **No**

1. Has a doctor ever said you have heart trouble and should only do physical activity recommended by your doctor?
2. Do you suffer from pain in your chest (recently or in the past)?
3. Do you feel faint or have spells of dizziness or ever lose consciousness?
4. Has a doctor ever told you that your blood pressure is too high?
5. Do you have a bone or joint problem (back, knee, hip arthritis) that can be aggravated and made worse when exercising?
6. Is your doctor currently prescribing drugs for a heart condition?
7. Do you know any other reason why you should not do physical activity?
8. Are you over the age of 65 and are accustomed to physical activity?

Please Answer Yes or No to following questions:

Diabetes	Yes	No
Asthma (uncontrolled)	Yes	No
Shortness of Breath	Yes	No
Arthritis	Yes	No
Hernia	Yes	No
Recent Surgery	Yes	No
High Blood Pressure	Yes	No
Angina	Yes	No
Knee Problems	Yes	No
Back Problems	Yes	No

I certify that the above statements are true and correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

**24-HOUR CANCELLATION POLICY**

24 hours notice prior to your scheduled appointment must be given to cancel your training session or your package will be charged a session. Rescheduled appointments with less than 24-hour notice must be rescheduled for the same day to save that session or within the week. This policy not only gives you an incentive not to miss your session, but also protects the trainer, as the trainer for "no-shows" must pay the facility. Thank you in advance for your compliance.

I have read and understand the cancellation policy

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

All packages are Non-Refundable (can be Transferable). All Packages are good for 1 year from date of purchase \$25 Returned check fee will be assessed for "bounced checks".