

REGISTRATION & PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name: _____	DOB: _____
Address: _____	
Email: _____	
Mobile: _____	Membership: _____

Pre-screening:	YES	NO
Are you male over 45 or female over 55 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told by your doctor not to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have your parents or siblings ever suffered from cardiovascular disease or had a heart attack before 65 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have asthma or have difficulty breathing during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever said you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or given birth in the last 6 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Are you on regular prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever said that you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have chest pains during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel faint or dizzy during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been awakened at night by an attack of shortness of breath or had an attack of shortness of breath following exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get the feeling that your heart is beating faster, racing or skipping beats either at rest or during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get pain in your calves or lower legs during exercise which is not due to stiffness or soreness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hospitalised in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS YOU MUST OBTAIN A MEDICAL CLEARANCE FROM A DOCTOR PRIOR TO COMENCING EXERCISE AT SRC HEALTH & FITNESS.

I hereby acknowledge that the above information is true.

Signature: _____

Witness: _____

Date: _____

Date: _____

