

**Physical Activity Readiness Questionnaire**

Name:- .......…………………………………………………………………………………..………………………………………………………………………..

Age:- ................................................................................... Date of Birth:- .......................................................

Emergency Contact Name:- ……………………………………………… Tel: Number:- ….....................................................

***Please circle the correct answer.***

Has your doctor ever said that you have a heart condition? Yes No

Have you been recommended by a doctor not to participate in exercise? Yes No

Do you feel pain in your chest when you do physical activity? Yes No

In the past month have you had chest pain when you were NOT doing physical activity? Yes No

Do you lose balance because of dizziness or ever lose consciousness? Yes No

Do you have a bone or joint problem that could be made worse by a change in exercise? Yes No

Is your doctor currently prescribing you drugs for blood pressure or a heart condition? Yes No

Do you know of any other reason why you should not do physical activity? Yes No

**Acknowledgement:**

I have read, understood, and accurately completed this questionnaire, and can confirm that I am engaging in this activity voluntarily.

I recognise:

* That the activities I am participating in require an understanding of the safety briefing.
* That certain inherent risks remain.

My participation involved a risk of injury. By signing I am also confirming that I am a confident swimmer and can swim a length of a 50m pool and have no fear of falling in the water.

Signed................................................................................... Date........................................................................