

Calon Lan Boot Camp

Physical Activity Readiness Questionnaire

Contact Details

Name.....Date of Birth.....

Email address.....

Phone Number.....

Address.....

Are you or do you have?

Current Smoker...yes/no

Currently Inactive...yes/no

High Blood Pressure...yes/no

High Cholesterol...yes/no

Diabetes...yes/no

Family History of Heart Disease...yes/no

Pregnant...yes/no Given Birth Recently...yes/no

Do you suffer from?

Arthritis...yes/no

Epilepsy...yes/no

Asthma...yes /no

Joint Problems...yes/no If yes, please specify.....

Do you have or have had?

Dizziness...yes/no

Chest Pain...yes/no

Glandular Fever...yes/no

Stomach Problems...yes/no

Heart Condition...yes/no

Any conditions that may be worsened by exercise...yes/no

If yes, please specify.....

Prescribed Medication...yes/no If yes, please specify.....

Do you suffer from?

Stress...yes/no

Anxiety/Depression...yes/no

Low Energy Levels...yes/no

Other.....
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I recognise that I will participate in strenuous exercise during training with Calon Lan Personal Training and that such participation may present a heightened risk of injury. All risks will be fully explained and I do not have to partake in any exercise I do not feel happy with. All attempts will be made to minimise these risks. I do not hold Calon Lan Personal Training responsible for any harm that may come to me should I decide to participate in such tasks.

Name.....Date.....

Signed.....

Thank You
Diolch Yn Fawr

