**Jacqui Smith**

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**Berden, Bishop’s Stortford**

**Herts CM23 1AX**

**07956 647806**

**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

Name: ……………………………………..………………………………………….… Age …………….…………..

Address …………………………………………………………………………………………………..…………..….

Email: …….. ………………………………………………………… Mobile………………………….………..…….

This questionnaire is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of this questionnaire is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

***For most people physical activity should not pose a problem or hazard.***

Common sense is your best guide for answering these few questions. Please read them carefully and TICK YES/NO opposite the question as it applies to you.

**A GRADUATED EXERCISE PROGRAMME**

A gradual increase in regular exercise promotes fitness and improves overall health while minimising or eliminating discomfort. Postpone entry into the programme if you feel unwell or have a temporary illness.

**NEXT OF KIN**

In the event of an emergency I would wish the following person to be notified:

NAME ………………………………………….…….. CONTACT No. ……………………………….…………

**Data Protection (GDPR) Act 2018 Please circle your answers**

I agree for Jacqui Smith Personal Trainer to hold my details above for 1 year, where it will be updated or destroyed (as applicable) **YES / NO**

I am happy for Jacqui Smith Personal Trainer and her team to take photographs and use on her social media facebook & Instagram sites, newsletters and website **YES / NO**

I am happy for Jacqui Smith use my email to keep me informed of classes, diet & nutrition information and that I can delete myself at any time. **YES / NO**

**More information on our Data Protection policy can be requested at theteam@jacqui-smith.net**

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| --- | --- | --- |
| **DO YOU HAVE ANY OF THE FOLLOWING:** | **YES** | **NO** |
| Diabetes |  |  |
| Epilepsy |  |  |
| Asthma |  |  |
| High Blood Pressure |  |  |
| A Heart Condition |  |  |
| Frequent Chest Pains |  |  |
| Joint Problems, eg. Spine, knees |  |  |
| Surgery in the last 6 months Baby in last 4 months (if applicable) |  |  |
| Do you suffer from fainting or dizziness? |  |  |
| Are you taking any prescribed medicine which may affect your physical abilities? |  |  |
| Do you exercise regularly? |  |  |
| Is there anything else which may affect your participation in exercise? Please list |  |  |