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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name: Age .		
Address		
mail: Mobile		
This questionnaire is designed to help you help yourself. Many health benefits are as exercise and the completion of this questionnaire is a sensible first step to take if you 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 th YES/NO opposite the question as it applies to you.	em carefully	y and TICK
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		
A GRADUATED EXERCISE PROGRAMME A gradual increase in regular exercise promotes fitness and improves overall health eliminating discomfort. Postpone entry into the programme if you feel unwell or have NEXT OF KIN In the event of an emergency I would wish the following person to be notified: NAME	/e a tempor	ary illness.
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 destroyed (as applicable) I am happy for Jacqui Smith Personal Trainer and her team to take photographs and facebook & Instagram sites, newsletters and website I am happy for Jacqui Smith use my email to keep me informed of classes, diet & nu I can delete myself at any time. Put Details of the street of	use on her	social media
More information on our Data Protection policy can be requested at theteam@		
Signed (student) Date		