



Phoenix Gym Pre-Activity Readiness Questionnaire



Name: _____ DOB: ___/___/___ Age: _____ Sex: M / F

Height (cm): _____ Weight (kg): _____

Name of Parent/s or guardian/s: _____

Address: _____ Suburb: _____

Phone: Home () _____ Work () _____ Mobile _____

Name of Doctor: _____ Phone: () _____

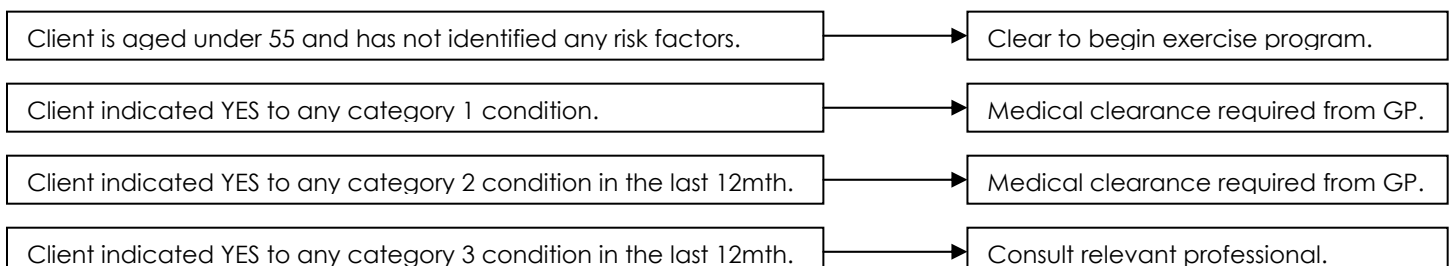
Category 1	YES	NO
High Blood Pressure	Y	N
Respiratory Disorders	Y	N
Heart Trouble	Y	N
Blood Disorders	Y	N
Glandular Fever	Y	N
Epilepsy or Seizures	Y	N
Diabetes	Y	N
Cystic Fibrosis	Y	N

Category 2	YES	NO
Prescription Medication	Y	N
Migraines	Y	N
High Cholesterol	Y	N
Any Surgery	Y	N
Asthma	Y	N
Hernia	Y	N

Category 3					
Joint Injury	Y	N	Neck or Back Pain	Y	N
Arthritis	Y	N	Musculoskeletal Injury	Y	N

If you indicated YES on any of the above conditions, please give details including date condition occurred: _____

Are you aware of any other conditions not mentioned that may affect your exercise? Y N
 Details: _____



Why are you here?

Would you like to:

- Be stronger?
- Run around with your friends at school?
- Change your body?
- Play sport better?
- Be more flexible?
- Other _____

What exercises do you do?

What do you like to do when you are at home?

What do you do at school when it is lunch time?

Do you play any sports?

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I declare that the information given above is true and correct.

Signature of Parent/Guardian: _____ Date ___/___/___

Signature of Gym Instructor: _____ Date ___/___/___