

Physical Activity Readiness Questionnaire



Photograph

Answer each question in your handwriting. Your answers are confidential.

PERSONAL INFORMATION :

Name : _____ Sex : M/F

Date of Birth: / / Age: _____ Institute: _____

Address: _____

Mobile: _____ Home Phone: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____

Mobile: _____ Home Phone: _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Are you under the care of physician or other health care professional for any reason? Yes/No

If yes, list reason and medication:

Tick if applicable:

High Blood Pressure	Anemia	Fainting Spells	Severe Headaches
Low Blood Pressure	High Triglyceride Level	Dizziness	Allergies
Family History of Heart Problems	High Cholesterol Level	Seizures or Convulsions	Menstrual Problems
Chest Pain	Diabetes	Numbness or tingling	Use of diuretics
Heart Disease	Asthma	Chronic Illness	Surgery in the recent past
Stroke	Lung Problems	Anxiety	Alcohol Consumption
Pregnancy	Thyroid / Hormonal Problem	Depression	Cigarette Smoking

If you have ticked above please specify:

Please list any other problems (Gender Specific):

On a scale of 1-10, how would you rate stress level (1 = very low, 10 = very high) _____

MUSCULOSKELETAL INFORMATION:

Please describe any past of current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, joint dislocation, back pain, or general discomfort etc.

NUTRITIONAL INFORMATION:

Are you on any specific food / nutritional plan at this time? Yes/No
If yes, please list: _____

Do you take any dietary supplements? Yes/No
If yes, please list: _____

Do you experience any frequent weight fluctuations? Yes/No
Any specific reasons behind joining exercise activity? Yes/No
Have you exercised before? if yes please specify? Yes/No

Signature of Member _____ Date: _____

Signature of Instructor _____ Date: _____

DATE	NECK (INCHES)	SHOULDER (INCHES)	CHEST (INCHES)	UPPER ABDOMEN (INCHES)	WAIST (INCHES)	LOWER ABDOMEN (INCHES)	BICEPS (INCHES)	FOREARMS (INCHES)	WRIST (INCHES)	HIPS (INCHES)	THIGH (INCHES)	CALF (INCHES)	ANKLE (INCHES)	HEIGHT (INCHES)	WEIGHT (KG)	FAT (%)	BMI

For Official Purpose Only (Not for Compulsory Students)

How did you come to SCHC Fitness Club? _____

Reference (name of the person): _____

Email Address: _____

Address: _____

Contact No.: _____