



Regular Physical activity is fun and healthy and increasingly more people are starting to become more active every day. However, some people should check with their doctor before becoming much more physically active. The purpose of this questionnaire is to ascertain whether this is necessary and to identify any areas as of your health that may require special consideration when designing an exercise programme for you.

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|--|--------------|------------------------------|--|
| Name: | | Date of Birth: | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | Age: | |
| Address: | | | |
| | | Post Code: | |
| Tel. No: | Home: | Mobile: | |
| Emergency Contact: | | Emergency Contact No: | |
| User No: | | | |

| | Yes | No |
|---|-----|----|
| Has your doctor ever said that you have a condition and that you should only do physical activity recommended by a doctor or the cardiac rehabilitation programme? | | |
| Do you feel pain in your chest when you do physical activity? | | |
| In the past month, have you had chest pain when you were not doing physical activity? | | |
| Do you lose your balance because of dizziness or do you ever lose consciousness? | | |
| Is your doctor currently prescribing drugs (for example, water pills or aspirin) for your blood pressure or heart condition? | | |
| Do you have a bone or joint problem that could be made worse by making change in your physical activity levels? | | |
| Do you know any other reason why you should not do physical activity? | | |
| Are you pregnant or have you been pregnant in the last 6 months | | |
| Do you have any illnesses, or have you been ill recently? | | |

Additional Information

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If you answered yes to one or more questions :

Have you spoken to your doctor and have they approved that you can start physical activity?

YES **NO**

If you answered no you may be asked to bring a medical note as confirmation that you are able to start physical activity.

Delay becoming much more active: if you are not feeling well because of a temporary illness such as cold or a fever - wait until you feel better; or if you are or may be pregnant - talk to your doctor before you start becoming more active. If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change you physical activity plan.

INFORMED CONSENT

When completing an induction or an exercise programme, all activities will be explained and demonstrated for you. These activities may include rhythmic activities such as walking and cycling, mobility exercises, resistance exercises using machines, free weights or bodyweight and stretching exercises. Please notify the fitness advisor if for any reason you should not participate in any part of the session.

Any questions about any part of the session, risks or benefits are welcome. If you have any doubts or reservations, please voice these concerns and ask for an explanation or clarification. You are free to withdraw from the session at any time.

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed.

I consent to the exchange of medical information between my fitness advisor and doctor, in order to assist in the prescription of appropriate exercise.

I consent to the exchange of information between fitness advisors employed by the Pickaquoy Centre and Orkney Islands Council.

The structure, purpose, benefits and risks of the session have been explained to me and I understand that I may withdraw from the session at any time.

I agree to participate in the exercise session described to me by the fitness advisor, and I understand that in order for the programme to remain effective it will change and progress as time goes on.

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| Printed Name: |
| Signature: |
| Signature of Parent or guardian (for participants under the age of 16): |
| Fitness Advisor Signature: |
| Date: |