



Physical Activity Readiness Questionnaire

Name: _____ Height: _____ DOB: _____

Address: _____

Post Code: _____

Email: _____ Phone number: _____

Circle yes or no to each of the questions below. If you circle 'yes' you may need your doctor's consent before you participate in Nordic Walking.

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? Yes / No
2. Do you have chest pain brought on by physical activity? Yes / No
3. Have you developed chest pain in the past month? Yes / No
4. Do you lose consciousness or fall over as a result of dizziness? Yes / No
5. Do you have a bone or joint problem that could be aggravated by physical activity? Yes / No
6. Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes / No
7. Are you aware through your own experience or from doctor's advice of any other reason why you should not exercise without medical supervision? Yes / No

Please outline below any other relevant information that might affect your ability to exercise.

Pre-existing medical conditions

Current Medication

Known allergies

I realise that my body's reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.

All participants take part in Nordic Walks entirely at their own risk. Nordic Walking Cambridgeshire shall not be liable for any accidents, injury, loss or damage sustained as a consequence of participation in any walk organised by Nordic Walking Cambridgeshire. Any participant, who has any doubts about their fitness or ability to take part, should consult their G.P. or a suitably qualified health professional before considering participation.

Date: _____ Signed: _____

In case of emergency, please contact:
Name: _____ Phone number _____

INWA Nordic Walking Instructor: Mervyn S Foster

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