

Learner Physical Activity Readiness Questionnaire

I explicitly consent to you storing my personal records, in accordance with the General Data Protection Regulation (GDPR).

I understand that returning these records will be processed in accordance with the Adore Your Pelvic Floor Privacy Notice.

Before taking part in this instructor course, please complete this form.

Please complete this form carefully. Should you tick yes to any of the questions, a doctor's consent is required before you can take part in any physical activity on this instructor course.

Question:	YES:	NO:
1. Has your doctor ever said you have a heart condition and should undertake supervised activity?		
2. Do you have chest pain brought on by exercise?
3. Have you developed chest pain in the last month?		
4. Do you tend to lose consciousness and fall over as a result of dizziness?	.	.
5. Has the doctor ever given you medication because your blood pressure was too high or you have a heart condition?	.	.
6. Do you have a bone or joint problem that could be aggravated by this exercise programme?
7. Are you aware, through your own experience or from a doctor's advice, any other reason why you should not take part in physical activity?		
8. Are you currently pregnant or have been pregnant in the last 6 months?	..	.
Name:	Telephone Number:	
Address:		
Signature:	Date:	

Emergency Contact:

Name:	Telephone Number:
Relationship (e.g. sister)	Mobile Number: