



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

**Athlete's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City /State/ Zip Code:** \_\_\_\_\_

**D.O.B / Age:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Sport(s):** \_\_\_\_\_

**Parent Cell Phone # & Email Address:** \_\_\_\_\_

**Emergency Contact/Relationship/Cell Phone #:** \_\_\_\_\_

### PAST HEALTH HISTORY (YES/NO)

1. Has your doctor ever informed you that you have heart trouble? \_\_\_\_\_
2. Do you have any family history of heart issues (e.g. – chest pains, heart murmur, etc.)? \_\_\_\_\_
3. Have you had a history of, or do you currently have, high blood pressure? \_\_\_\_\_
4. Have you ever had asthma, breathing issues or lung problems? \_\_\_\_\_
5. Do you have any allergies? \_\_\_\_\_
6. Have you ever had seizures, neurological problems or dizziness? \_\_\_\_\_
7. Have you undergone surgery (major or minor) within the past two years? \_\_\_\_\_
8. Do you currently have a back, bone or joint problem that may become aggravated with strenuous exercise? \_\_\_\_\_
9. Do you have diabetes? If so, what type? \_\_\_\_\_
10. Do you smoke tobacco products? \_\_\_\_\_
11. Are you currently taking any medication? If yes, please list. \_\_\_\_\_
12. Do you have any concerns about participating in a strenuous fitness program (e.g. - dizziness, fainting, chest pains, low back pain)? If so, please explain. \_\_\_\_\_
13. Has your doctor advised you not to exercise or refrain from certain physical activity? \_\_\_\_\_
14. Are there any specific physical, medical, or psychological issues or concerns (past or present) not mentioned above that we should be aware of in order for us to appropriately design a safe and productive fitness program for you? If yes, please explain: \_\_\_\_\_
15. What type of exercise have you been doing? Describe the frequency and level of intensity. \_\_\_\_\_

\_\_\_\_\_  
Athlete Name (Please Print) Athlete Signature Date

\_\_\_\_\_  
Parent/Guardian (Please Print) Parent/Guardian Signature Date