



## **Physical Activity Readiness Questionnaire**

Name:		Height:	Year of birth	
Ad	dress:			
Email:		Phone number:		
	cle yes or no to each of the questions below. If fore you participate in Nordic Walking.	you circle 'yes' you m	ay need your docto	or's consent
1	las a doctor ever said that you have a heart condition or high blood pressure?		Yes / No	
2	Do you have chest pain at rest or brought on by physical activity?		Yes / No	
3	Do you lose balance because of dizziness or have you lost consciousness in the last 12 months?		Yes / No	
4	Do you have a bone or joint problem that could be made worse by physical activity?		Yes / No	
5	Are you currently taking medication for a condia walk? Please state here:	tion that you need to	carry with you on	Yes / No
6	Has your doctor ever said that you should only	do medically supervis	sed activity?	Yes / No
7	Have you been diagnosed with a long term meaffect your ability to exercise? Please state below		gy that might	Yes / No
aff	ealise that my body's reaction to exercise is not t ects my ability to exercise, I will inform my instr se full responsibility for monitoring my own physi	uctor immediately and	d stop exercising if	necessary.
Signed:		Date:		
In	case of emergency, please contact:			
Name: Phone		ne number:		
ac	notographs: I give permission to my instructor to divertisements, exhibitions and the internet to illunis includes use on social media. I agree to these	strate their work and		
Da	ata Protection: This information will be stored se	curely by the instruct	or and will not be o	given to

© Copyright British Nordic Walking 2018 v3

anyone else. You must notify your instructor of any changes in your personal data. Your email address will be used to notify you about Nordic Walking activities and other events organised by

Julia Mitchell

I agree to these conditions: Yes / No

How did you hear about Nordic Walking?

