



# Physical Activity Readiness Questionnaire

Please complete this Form in Full.

## Participant Contact Details

Name:

Date of Birth:

Address:

Telephone Number:

Email:

Work Department/Team

## Emergency Contact/ Next of Kin Details

Name:

Telephone Number:

## Health Information

Please answer all health questions (With a tick ✓) below and elaborate on any conditions you may have:

	YES	NO
1. Have you ever suffered from heart disease, high blood pressure or any other cardio-vascular related problem?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been troubled by chest pain or tightness in your chest, especially if associated with minimal effort?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you prone to headaches, fainting or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you suffer from pain or limited movement in any joint?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you suffer from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you suffer from asthma?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you recovering from a recent illness or operation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional medical or health information below:





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## Please read the following statements carefully before signing:

If I answered 'yes' to any of the questions on the previous page, I have consulted my GP or other relevant healthcare professional and gained their agreement that it is safe for me to participate in a Freestyle Fitness Yoga Class. If my health changes at any time during the session in relation to the questions above or any other condition, I will cease participation, inform the Instructor and consult my GP.

I declare to the best of my knowledge that the information given above is correct and that I know of no reason why I should not participate in the Freestyle Fitness Yoga session.

I understand that I enter into this programme entirely at my own risk and I waive any legal recourse for damages to myself which may arise from my participation.

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### Photographs

I agree to my photograph being taken during the session and used for TWIST West Wellhub/ WHSCT publications.

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### Data Protection

Under the Data Protection Act, WHSCT has a legal duty to protect any information we collect about you. The information you give will be used for the purposes of the Freestyle Fitness Yoga session. It will not be disclosed to any 3rd party unless law or regulations compel us to do so.

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### Evaluation

The Health Improvement Department may make contact with you after this session to evaluate how good a job we are doing in relation to staff health and wellbeing; please tick this box to indicate that you are happy for us to contact you via the contact details provided.

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Participant signature:

Date:

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