



CLARE COLLEGE GYMNASIUM ACTIVITY READINESS FORM

For most people physical activity should not pose any problem or hazard. This short form is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is the best guide in answering these few questions.

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| Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? | YES | NO |
| Do you have high blood pressure? | YES | NO |
| Do you have low blood pressure? | YES | NO |
| Do you have Diabetes Mellitus (IDDM or NIDDM) or any other metabolic disease? | YES | NO |
| Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)? | YES | NO |
| Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? | YES | NO |
| Have you ever felt pain in your chest when you do physical activity? | YES | NO |
| Is your doctor currently prescribing you drugs or medication? | YES | NO |
| Have you ever suffered from unusual shortness of breath at rest or with mild exertion? | YES | NO |
| Is there a history of Coronary Heart Disease in your family? | YES | NO |
| Do you often feel faint, have spells of severe dizziness or have lost consciousness? | YES | NO |
| Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)? | YES | NO |
| Do you currently smoke? | YES | NO |
| Do you currently exercise on a regular basis (at least 3 times a week) and/or work in a job that is physically demanding? | YES | NO |
| Are you, or is there any possibility that you might be pregnant? | YES | NO |
| Do you know of any other reason why you should not participate in a programme of physical activity? | YES | NO |

If you have answered yes to a certain number of the above questions we require for you to consult with your GP before participating with an exercise programme. I have understood and answered all the above questions honestly. I understand that I should not exercise if I feel unwell, and that if my health changes I will inform my Instructor.

Signed: _____ Name (printed) _____ Date: _____

This is to confirm that the named person has completed a briefing session, has been informed about the risk assessment and is suitable to use the gym.

Signed _____ Name (printed) _____ Date: _____
(Student Gym Representative)