



**THRIVE Fitness RVA**

## FITNESS READINESS QUESITONAIRE

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Physical activity should not be hazardous for most people. This assessment is designed identify those individuals who should seek medical attention prior to beginning a fitness program.

Do you have high cholesterol?	YES	NO
Has your doctor ever said you have heart trouble?	YES	NO
Do you ever experience heart pain or tightness in your chest?	YES	NO
Has your doctor ever told you that you have bone or joint problems that may be exacerbated by physical activity?	YES	NO
Do you often feel faint or have spell of dizziness?	YES	NO
Has your doctor ever told you that your blood pressure is too high?	YES	NO
Have you had surgery in the past 6 months?	YES	NO
Are you pregnant?	YES	NO
Is there any reason, not mentioned, that would prohibit you from Participating in a physical fitness program?	YES	NO

If you answered YES to any of the following, please initial and answer this:

\_\_\_\_\_ Have you been medically cleared to exercise? YES NO

Please describe any injuries you've had or are currently dealing with.