



Name(please print): \_\_\_\_\_

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

**FAMILY HISTORY:** (Includes natural siblings, parents, and grandparents)

Diabetes                      Heart Disease                      High Blood Pressure                      Stroke

Specify \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_

In the last 6 months have you taken medication prescribed by your physician?                      Yes                      No

If so, please Specify \_\_\_\_\_

Do you Smoke?                      Yes                      No                      If so, how much \_\_\_\_\_ packs/ day.

How many times a week do you exercise? 1    2    3    4    5    6    7    or more \_\_\_\_\_

How would you rate your present level of aerobic fitness?                      Poor                      Fair                      Average                      Good                      Excellent

(Please X yes or no)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>YES</b>               | <b>NO</b>                | 1. Has your doctor ever said you have heart trouble?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you frequently have pains in your heart or chest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you often feel faint or have severe spells of dizziness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has your doctor ever said your blood pressure was high?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there any good physical reason not mentioned here why you should not follow an activity program even if you wanted to?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you over the age of 65, and not accustomed to vigorous exercise?  |

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## INFORMED CONSENT FOR EXERCISE PROGRAM

I desire to engage voluntarily in the Concorde Health & Wellness exercise program. I understand that the activities are designed to place a gradually increasing work load on the cardiorespiratory system and to thereby attempt to improve its function. The recreation of the cardiorespiratory system and to thereby attempt to improve its function . The recreation of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition , flexibility, and muscular strength and endurance. Specific exercise programs are available based on my needs, interests, and if necessary, my doctor's recommendations. All exercise programs include warm-up, exercise at target heart rate, and cool-down. The programs may involve walking, jogging, swimming, or cycling; participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes ; or calisthenics or strength training. All programs are designed to place gradually increasing work load on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of an exercise program. I also agree that my questions regarding an exercise program have been answered to my satisfaction.

In event that a medical clearance must be obtained prior to my participation in an exercise program, I agree to consult my physician and obtain written permission from my physician or sign an assumption of risk form prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in an exercise program at Concorde Health & Wellness, I agree to assume the risk of such exercise, and further agree to hold harmless Concorde Health & Wellness and its staff members conducting the exercise program from any and all claims, such losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_