



Physical Activity Readiness Questionnaire

Name: _____ Height: _____ Year of birth: _____

Address: _____

Email: _____ Phone number: _____

Circle yes or no to each of the questions below. If you circle 'yes' you may need your doctor's consent before you participate in Nordic Walking.

- 1 Has 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 condition that you need to carry with you on a walk? Please state here: Yes / No
- 6 Has your doctor ever said that you should only do medically supervised activity? Yes / No
- 7 Have you been diagnosed with a long term medical condition or allergy that might affect your ability to exercise? Please state below: Yes / No
- 8 Do you have any allergies that medical services would need to know before administering first aid? Please list:

I realise that my body's reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.

Signed: _____ Date: _____

In case of emergency, please contact:	
Name:	Phone number:

<p>Photographs: I give permission to Wirral Nordic Walking to use photographs taken of me in publications, advertisements, exhibitions and the internet to illustrate their work and to promote Nordic Walking. This includes use on social media. Due to the nature of the internet, photographs may be shared across numerous channels. The photographs may also be loaned to approved third parties e.g. charitable partners, funders and the media. (Note: You can still walk with us if you circle 'No')</p> <p>I agree to these photographic conditions: YES / NO</p>
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<p>Data Protection: The medical and contact information on this sheet is processed solely for your physical safety during walks. This physical form is held, carried, and retained entirely by you, the client. Wirral Nordic Walking does not store, photocopy, or digitally record your physical medical data.</p> <p>I agree to these safety conditions: YES / NO</p>
