

La Villette

Hotel & Leisure Suite

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Guernsey Tourism☆☆☆ **AA**☆☆☆

Physical Activity Readiness Questionnaire

All Members & Guest's must complete this questionnaire **BEFORE** carrying out any physical activities.

Please read carefully:

If you answer yes to any of the questions below and are about to partake in a 'Client Appraisal' fitness test you will be required to provide a doctors consent letter, which you must produce on the day of the session.

Name _____

Please clearly mark YES or NO to each question below

- | | |
|--|-----------------|
| 1. Has your doctor ever said that you have a heart condition and Recommended only medically supervised activity? | YES / NO |
| 2. Do you have chest pain brought on by physical activity? | YES / NO |
| 3. Have you developed chest pains in the last month? | YES / NO |
| 4. Do you tend to lose consciousness or fall over as a result of Dizziness? | YES / NO |
| 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? | YES / NO |
| 6. Has the doctor ever recommended medication for your blood Pressure or a heart condition? | YES / NO |
| 7. Are you aware through own experience or from a doctor's advice, of any other physical reason why you should not exercise without Medical supervision? | YES / NO |
| 8. Are you currently or have you been pregnant in the last six months? | YES / NO |
| 9. Do you have Asthma/breathing conditions? | YES / NO |

Please Note:

I acknowledge that I have not withheld any relevant information relating to my present status of health and the La Villette Leisure Club have taken every possible care to ensure me safety in the gym or pool accepting that I exercise within the guidelines that they have given and entirely at my own risk.

Signed: _____ Date _____

Witnessed by: _____ Date _____