



**Auerbach Student Union  
FITNESS CENTER**

**Participant Activity Readiness  
Questionnaire**

**Name** \_\_\_\_\_

**Daytime phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

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

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- |   |     |    |
|---|-----|----|
| 1. Has your doctor ever said you have a heart condition?  | YES | NO |
| 2. Do you have pains in your heart or chest?  | YES | NO |
| 3. Do you ever feel faint or have spells of severe dizziness?   | YES | NO |
| 4. Do you have high blood pressure?   | YES | NO |
| 5. Do you have orthopedic or joint problems that could be aggravated by exercise?                       | YES | NO |
| 6. Are you 65 or over, and not accustomed to vigorous exercise?   | YES | NO |
| 7. Do you have diabetes?  | YES | NO |
| 8. Are you taking medications that might alter your response to exercise?                               | YES | NO |
| 9. Is there a physical reason why you shouldn't follow an exercise program even if desired?             | YES | NO |
| 10. Do you have any medical problems that might affect your ability to use the fitness center facility? | YES | NO |
| 11. FOR WOMEN: Are you pregnant?  | YES | NO |

***If you answered "yes" to any of the questions 1-11 you MUST consult a physician prior to using the Fitness center.***

***I, \_\_\_\_\_, certify that this information is complete and accurate to the best of my knowledge.***

***I have received and read the fitness center regulations and I will adhere to such policies.***

**User Signature** \_\_\_\_\_ **Date** \_\_\_\_\_