



Council on Aging
of Cleveland County
100 T.R. Harris Drive - Shelby, North Carolina 28150 - (704) 482-3488



Physical Activity Readiness Questionnaire

Name: _____ Age: _____ DOB: _____
 Local Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____ Gender: _____

Emergency Contact Information: In the event of an emergency, please contact:

Name: _____
 Local Address: _____
 Home Phone: _____ Cell Phone: _____

Please read the following questions carefully and mark (X) the appropriate answer.
 Answer all the questions to the best of your ability.

- YES ___ NO ___ 1. Have you ever had a stroke, heart attack, or heart surgery?
- YES ___ NO ___ 2. Does your family have a history of heart disease?
- YES ___ NO ___ 3. Do you frequently suffer from chest pain?
- YES ___ NO ___ 4. Has a doctor ever told you that you have a heart or vessel problem?
- YES ___ NO ___ 5. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?
- YES ___ NO ___ 6. Do you have a diagnosed illness that could be made worse by physical activity?
- YES ___ NO ___ 7. Will you be participating in an exercise program for the first time in the past year?
- YES ___ NO ___ 8. Do you have blood pressure greater than 140/90 or cholesterol greater than 240 mg/dl?
- YES ___ NO ___ 9. Do you ever suffer from unexplained shortness of breath?
- YES ___ NO ___ 10. Do you smoke or drink alcohol excessively?
- YES ___ NO ___ 11. Are you a diabetic?

If you answered YES to two or more of the above questions, it is imperative that you receive medical clearance from your personal physician before participating in any physical activity or exercise program.

Fitness Registration

What fitness area are you requesting to use at the **Neal Senior Center**?

_____ Recreation Room equipment _____ Fitness Class

Please Note: IN ORDER TO PARTICIPATE IN USE OF THE RECREATION ROOM OR OUR FITNESS CLASSES, THIS MUST BE SIGNED OR THESE PRIVILEGES WILL BE DENIED.

I THE UNDERSIGNED, AGREE THAT I AM IN GOOD HEALTH AND CONSIDER MYSELF ABLE TO PARTICIPATE IN THE ACTIVITIES LISTED. I AGREE TO HOLD HARMLESS THE **COUNCIL ON AGING OF CLEVELAND COUNTY, THE NEAL SENIOR CENTER**, ITS BOARD OF DIRECTORS, STAFF, VOLUNTEERS, INSTRUCTORS, AND ANY OTHER PEOPLE OR ORGANIZATIONS ASSOCIATED WITH THE **COUNCIL ON AGING OF CLEVELAND COUNTY, THE NEAL SENIOR CENTER** FOR ANY INJURIES OR DAMAGES INCURRED.

Signature _____ Date _____