



Readiness For Physical Activity Part 1 – Health Check Questionnaire

Most recent update: 15 May 2024

Physical activities include physical work placements, outdoor activities, visits, fitness classes

This form is to be completed by learners before participating in the class/activity. You must also complete Part 2.

Name		Date of birth	
Activity to be undertaken		Location	

This questionnaire has been designed to ensure you are able to participate safely in your chosen activity. Please answer the following questions and the separate Part 2. Return this form to your tutor who will respect the confidential nature of any information provided. Should you have any difficulties or disabilities requiring specific arrangements, please consult your tutor/supervisor or the Skills and Employment team skillsandemployment@cheshirewest.gov.uk

WE WILL TREAT ALL INFORMATION CONFIDENTIALLY

Do you have or have you ever had any of the following? (Please tick the appropriate box and give any relevant details)

Mobility issues		Details:	
Joint or muscle injury/discomfort		Details:	
Breathing difficulties eg asthma		Details:	
High/Low blood pressure*		*please delete as appropriate	
Headaches/Migraine*		*please delete as appropriate	
Sight/hearing impairment*		*please delete as appropriate	
Dizzy spells/feeling faint		Hernia	
Coordination difficulties		Stroke	
Epilepsy		Diabetes	
Heart problems		Osteoporosis	
Have you had any recent operations (within last 2 years)?			
Are you pregnant or have you given birth within the last 14 weeks?			
Are you taking any prescribed medication or are you undergoing prescribed treatment or therapy?			
Are you taking any non-prescribed medication or undergoing non-prescribed treatment or therapy?			
Do you have any other medical condition, disease or disability not covered by the above? (Please describe briefly on the reverse of this form)			

If you have ticked any of the above

To ensure your safety, your tutor may wish to ask you some further questions and in some cases you may need to seek advice from your doctor. You may be able to do any activity you want as long as you build up slowly and gradually. You may wish to restrict your activities to those which are safe for you. Talk to your doctor about the kinds of activity you wish to participate in and follow their advice.

Learner consent

I understand that I am responsible for monitoring my own responses during activity and will inform the tutor of any changes in my health or if any of the above details change.

Signed _____ Date _____

