Your details

Physical Activity Readiness Questionnaire

This questionnaire is the first step towards training safely with Precision Coaching. Please read each question carefully and answer honestly - there is no advantage in disguising how you feel. If you answer YES to one or more questions, please speak to your doctor before starting or increasing your physical activity, and let your coach know what they advise. This form is a screening tool and does not replace professional medical assessment.

Save this PDF to your device, then open it in a PDF reader. Complete every question, save, and reopen to check your answers before emailing. Use Fill & Sign for signatures, or print and sign by hand.

Full name

Date of birth (DD/MM/YYYY)

Sex

Address

Email

Phone

Emergency contact - name

Emergency contact - phone

Onboarding coach

Your completed form is for your selected coach. This PDF does not submit or send answers automatically.

General health screening

		Yes	No
1.	Has a doctor ever told you that you have a heart condition and recommended that you only perform physical activity under medical supervision?	○	○
2.	Do you experience pain or tightness in your chest during physical activity?	○	○
3.	In the past month, have you had chest pain while at rest, i.e. when you were not physically active?	○	○
4.	Do you ever lose your balance because of dizziness, or have you lost consciousness in the past 12 months?	○	○
5.	Do you have a bone, joint or soft-tissue problem (for example back, knee, hip, ankle or shoulder) that could be made worse by a change in your physical activity?	○	○
6.	Are you currently taking prescribed medication for blood pressure or a heart condition?	○	○
7.	Is there any other reason, not mentioned above, why you should not follow an increased level of physical activity without first checking with a doctor?	○	○

If you answered YES to one or more questions

Talk with your doctor before you start becoming more physically active, or before a fitness assessment. Tell your doctor which questions you answered YES to. Once cleared, please share a note of that clearance with your coach before your programme begins.

If you answered NO to all questions

You can be reasonably confident that you can start becoming more physically active - begin slowly and build up gradually. If you are unsure about any answer, or your health changes at any point, check with your coach or your doctor before continuing.

Training background & declaration

Training background & endurance-specific screening

A little more detail helps us build a programme around you, not a generic template.

		Yes	No
1.	Do you have any current or recurring injury (e.g. stress fracture, tendon, muscle or joint issue) that we should be aware of when building your programme?	○	○
2.	Have you had any surgery in the past 12 months?	○	○
3.	Are you currently pregnant, or have you given birth in the past 12 months?	○	○
4.	Do you have any known allergies or intolerances relevant to nutrition or hydration during training (e.g. gels, electrolyte products)?	○	○
5.	Have you smoked, or used nicotine products, in the past 12 months?	○	○

If YES to any above, please give details

Declaration

I confirm that I have read, understood and completed this questionnaire truthfully. I understand that this questionnaire does not replace advice from a qualified medical professional, and that Precision Coaching relies on the accuracy of the information I have provided in planning my training. I will inform my coach promptly if my health status changes.

Print name

Signature (Fill & Sign, or sign by hand)

Date (DD/MM/YYYY)

Coach name (if witnessed)

Parent/guardian signature (required if under 18)

Date (DD/MM/YYYY)