**Readiness For Physical Activity**

STRICTLY CONFIDENTIAL

**Part 1 – Health Check Questionnaire**

Most recent update: 09 September 2025

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 or mentor. We will keep the information given confidential. If you have any difficulties or disabilities requiring specific arrangements, please consult your tutor, mentor or the Skills and Employment team skillsandemployment@cheshirewestandchester.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 or mentor may ask you further questions. In some cases you may need to seek advice from your doctor. You may be able to do an activity 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 activity you want to do 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_