



STATE OF MAINE
Department of Public Safety
MAINE CRIMINAL JUSTICE ACADEMY
 15 Oak Grove Road
 Vassalboro, Maine 04989



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

***Name:** _____
 Please Print (Last) (First) (Middle)

Mailing Address: _____
 (Street / P.O. Box) (City / Town) (State) (Zip)

***Date of Birth:** ____ / ____ / ____ **Gender:** M F (circle one)

Yes	No	
		Has your Doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Do you lose your balance because of dizziness or do you ever lose consciousness?
		Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		Is your doctor currently prescribing drugs (for example, water pills; beta blockers) for your blood pressure or heart condition?
		Do you know of any other reason why you should not do physical activity?

Emergency Contact Name: _____ **Phone number:** _____

- Note:
1. This questionnaire applies to only those 15 to 69 years of age.
 2. If you have a temporary illness, such as a fever, or are not feeling well at this time, you may wish to postpone the proposed activity.
 3. If you are pregnant, you are advised to consult with your physician before exercising.
 4. If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of the staff.

I am taking this test voluntarily. I understand the physical requirements of this test and know of no reason why I cannot safely complete all portions of the test including the mile and one-half run, one minute sit up test, and the maximum push-up test. I agree to indemnify and hold harmless the State of Maine, the Maine Criminal Justice Academy and their respective officers, employees and agents from any claim, damage, injury or illness, of whatever kind or nature, resulting from the administration of the test and my taking of the test.

Signature: _____ Date: _____ Staff Signature _____ Date: _____

(Fields marked with an asterisk [] are required information.)*