



## Physical Activity Readiness Questionnaire (PAR-Q)

This PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly. Check **YES** or **NO**:

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you feel pain in your chest when you do physical activity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past month, have you had chest pain when you were <u>not</u> doing physical activity?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you lose balance because of dizziness or do you ever lose consciousness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a bone or joint problem (for example back, knee, hip) that could be made worse by a change in your physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your doctor currently prescribing medication for your blood pressure or heart condition?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you know of <u>any other reason</u> why you should not do physical activity?   | <input type="checkbox"/> | <input type="checkbox"/> |

When answering #7, please consider your **Medical History**:

Have you previously or do you still suffer from any of these following: Diabetes / asthma / epilepsy / emphysema?

Do you smoke? (If YES, how many daily)

Do you currently have any injuries?

Are you on any medication?

Have you had surgery of any kind in the past 12 months?

If **YES** please comment: \_\_\_\_\_

**YES to one or more questions:** You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health. Your signature below confirms that you have sought medical advice and have been cleared to exercise.

**NO to all questions:** You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level. A full fitness appraisal can help to determine your fitness level.

**Disclaimer:** "I have read, understood and accurately completed this questionnaire. I can confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury".

NAME & TITLE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ D.O.B (AGE) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON & NUMBER \_\_\_\_\_

**NOTE:** This physical activity clearance becomes invalid if your condition changes so that you would answer YES to any of the 7 questions, having previously ticked NO. Please advise your trainer of any changes to your condition.

We will collect, use and protect your data in accordance with our [Privacy Policy](#).