

Physical Activity Readiness Questionnaire (PAR-Q)



This form is for use by REPs Registered Exercise Professionals Only. (This is an Fillable Digital Form - SAVE before exiting)

This form is used to identify if it is safe for you to commence unsupervised exercise.

Please read the questions carefully and answer each one to the best of your knowledge (click in column)

	YES	NO
Has your doctor ever said that you have a heart condition or have you ever suffered a stroke?		
Do you feel unexplained pain in your chest at rest or when you do physical activity?		
Do you ever lose your balance because of dizziness during physical activity?		
Have you had an asthma attack requiring medical attention at any time over the last 12 months?		
If you have diabetes, have you had trouble controlling your blood glucose at any time over the last 6 months?		
Do you have a bone or joint problem that could be made worse by participating in exercise?		
Do you have any other medical condition that may make it dangerous for you to participate in exercise?		
✓ If you answer YES to any of the questions we* do not approve that you start exercising until you have first consulted your GP for clearance and advice. ✓ If you answer NO to all of the questions we* consider that it is safe for you to commence some exercise, but it is highly preferable that you consult with a Registered Exercise Professional for personal advice first.		

I acknowledge that the answers I have provided above regarding my health and personal information are correct to the best of my knowledge.

I understand that participating in physical activity and exercise can carry a risk, and I accept all responsibility for that risk.

I acknowledge that I will not be receiving any personalised exercise advice or support for this exercise session or visit.

Customer Name: _____

Customer Signature: _____

Date: _____

Name of Facility: _____



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