

PAR-Q

Client name: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

Emergency contact: _____

Relationship: _____

Phone: _____

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change you physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating YES or NO

Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? **YES/ NO**

Do you feel pain in your chest when you do physical activity? **YES/ NO**

In the past month, have you had a chest pain when you were not doing physical activity? **YES/ NO**

Do you lose balance because of dizziness or do you ever lose consciousness? **YES/ NO**

Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity? **YES/ NO**

Is your doctor currently prescribing medication for your blood pressure or heart condition? **YES/ NO**

Have you had a stroke? **YES/ NO**

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program(i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc)? **YES/ NO**

Are you pregnant now or have you given birth within the last 6 months? **YES/ NO**

Do you have asthma or exercise induced asthma? **YES/ NO**

Do you have low blood sugar levels (hypoglycemia)? **YES/ NO**

Do you have diabetes? **YES/ NO**

Have you had a recent surgery? **YES/ NO**

Do you know of any other reason why you should not take part in physical activity? **YES/ NO**

If you have marked YES to any of the above, please elaborate on the following page.

If you answered 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.
If you answered NO to one or more questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

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

Signature: _____ **Print name:** _____ **Date:** _____

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: _____ **Date:** _____

This PAR Q becomes invalid if your condition changes so you must make your trainer aware of any changes to your health.