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| Original Date: |
| Dates Revised: |

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

If you are planning to take part in physical activity or an exercise class, please complete the below information. If you are between the ages of 15 and 69 the questionnaire will tell you if you should consult your doctor before you start. If you are over 69 years of age and you are not used to being very active, please speak with your doctor beforehand.

| | | |
|---|---|----------------------------------|
| COURSE: | | |
| Name: | <input type="checkbox"/> M <input type="checkbox"/> F | DOB: |
| Address: | | Phone: Email: |
| Activity level: <input type="checkbox"/> Sedentary (No exercise) <input type="checkbox"/> Mild exercise <input type="checkbox"/> Regularly active <input type="checkbox"/> Regular vigorous exercise | | |
| Emergency contact name: | | Emergency contact number: |
| Have you ever been advised you have a heart condition and should only do prescribed physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you ever feel pain in your chest when you do physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had chest pain when you were not doing physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you ever feel faint or have spells of dizziness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a bone or join problem that could be made worse by exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been told that you have high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently taking any medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes please advise: | | |
| Are you pregnant or have you had a baby in the last 6 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any other reason why you should not participate in physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes please advise: | | |

If you have answered 'YES' to one or more questions

Talk to your doctor before you start becoming more physically active. Please advise of this questionnaire and which question(s) you answered yes to. You may be able to do any activity you want-as long as you begin slowly and build up gradually, or you may need to restrict activities to those which are safe for you to do. This is for your safety.

If you have answered 'NO' to all questions

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise program/class.

Please note

If your health changes please inform your fitness or health professional immediately. This form will be revisited annually to ensure the information held is valid and correct.

- I have read, understood and completed this questionnaire to the best of my knowledge
- I understand the seriousness of choosing not to disclose important health information

Signed:

Date:

Thank you for your time!