

Physical Activity Readiness Questionnaire – PAR-Q



Name

Age

Address

Phone Number

Date of Birth:

Emergency Contact (Name/Phone)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they begin a new exercise programme. If you are planning to become much more physically active than you are now, start by answering the seven questions below.

	Yes	No	Details
1. Has a doctor ever said you have a heart condition and recommended only medically supervised activity?			
2. Do you have chest pain brought on by physical activity?			
3. Do you tend to lose consciousness or fall over as a result of dizziness?			
4. Has a doctor ever recommended medication for your blood pressure or a heart condition?			
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?			
6. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical supervision?			
7. Are you over the age of 65 and not accustomed to vigorous exercise?			

If you answered **YES** to any of the above, please answer the following:

8. Have you consulted your physician regarding increasing your physical activity? _____

9. If you answered NO to question 8, will you consult your physician prior to increasing your physical activity? _____

Please list any physical limitations/medications that may restrict your participation:

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional and seek advice before continuing your physical activity plan.

Informed Consent: I hereby state that I have read, understood and answered honestly the pre-exercise health screening questionnaire. Any questions I had were answered to my satisfaction. I am participating of my own free will and I understand that as with any exercise programme, there is a risk of injury.

Name:

Signature:

(Participant)

Signature of Parent or Guardian (if participant is under 18)

Name:

Signature:

(Personal Trainer)

Date: