

PAR-Q (PHYSICAL ACTIVITY READINESS QUESTIONNAIRE)

1. Has your doctor ever said that you have a bone/joint problem, such as arthritis, that might be, aggravated by exercise? YES NO
2. Do you have high blood pressure? YES NO
3. Do you have low blood pressure? YES NO
4. Do you have Diabetes or any other metabolic disease? YES NO
5. Has your doctor ever said that you have raised cholesterol? YES NO
6. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor? YES NO
7. Have you ever felt pain in your chest when you do physical exercise? YES NO
8. Have you ever suffered from shortness of breath at rest or with mild exertion? YES NO
9. Is there any history of Coronary Heart Disease in your family? YES NO
10. Do you frequently feel faint, or have spells of dizziness or lost consciousness? YES NO
11. Are you, or is there any possibility that you might be, pregnant? YES NO

IF you answered 'Yes' to **one or more** questions, **please** consult your doctor IF you have not already done so. Show your doctor this form. Ask your doctor's advice on your suitability for physical activity.

Please give details you feel are relevant

Assumption of Risk

I hereby state that I have read and understood the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise.

Client's Name:

Client's Signature

Date

Email:

Telephone:

Additional note if applicable: I have taken medical advice and my doctor has agreed that I should exercise.

Signature: _____

Date: _____