

## Physical Activity Readiness Questionnaire (PAR-Q)

The information contained within this form will be kept strictly confidential at all times. If there is any doubt regarding your health which may restrict your ability to exercise, you should consult your GP and where applicable obtain a GP letter of referral.

1. Has your doctor ever said that you have a bone or joint problem, such as arthritis that has been aggravated by exercise or might be made worse by exercise?
2. Do you have high blood pressure?
3. Do you have low blood pressure?
4. Do you have diabetes mellitus or any other metabolic disease?
5. Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?
6. Has your doctor ever said you have a heart condition or that you should only do physical activity recommended by a doctor?
7. Have you ever felt pain in your chest when you do physical exercise?
8. Is your doctor currently prescribing you drugs or medication? If so, please specify
9. Have you ever suffered from unusual shortness of breath at rest or at mild exertion?
10. Is there any history of coronary heart disease in your family?
11. Do you often feel faint? Have spells of severe dizziness? Or have lost consciousness?
12. Do you currently drink more than the average amount of alcohol per week (21 units for men, 14 for women)?
13. Do you currently smoke?
14. Do you currently exercise on a regular basis (at least 3 times per week) and/or work in a job that is physically demanding?
15. Are you or is there any possibility that you may be pregnant?
16. Have you ever had any injury or illness predisposing to spinal or nerve damage?
17. Do you know of any other reason as to why you should not participate in a program of physical activity? Please specify
18. Have you had surgery recently ie in the last 10 years? If so please specify
19. Do you have any chronic illness or physical limitations such as Asthma, diabetes? YES/NO  
Please specify  
\_\_\_\_\_

20. Do you have any injuries, bone/joint or orthopedic problems such as bursitis, bad knees, back, shoulder, wrist or neck issues?

YES/ NO Please specify

\_\_\_\_\_

21. Do you take any medications, either prescription or non-prescription regularly? YES/ NO

What is the medication

for? \_\_\_\_\_

22. How does this medication affect your ability to exercise or achieve your fitness goals?

\_\_\_\_\_

If you have marked YES to any of the above, please elaborate below:

\_\_\_\_\_

\_\_\_\_\_

If there is any other information that you would like us to know please add this here

\_\_\_\_\_

\_\_\_\_\_

If you answered Yes to one or more questions, if you have not already done so consult your doctor before engaging in physical activity. Inform your doctor what questions were answered on the PARQ or ideally present your copy of the PAR-Q. After medical evaluation seek advice from your doctor as to your suitability for physical activity starting off easily and slowly, and progressing gradually, and restricted or supervised activity to meet your specific needs at least on an initial basis. If you answered No to all questions accurately and honestly or you have received a GP referral note to recommend you commence training with a fitness professional, then you have reasonable assurance of your present suitability for a graduated exercise programme.

#### **Assumption of Risk**

**I hereby state that I have read, understood and answered honestly the questions above. I state that I voluntarily wish to participate in exercise classes, including, but not limited to, physically demanding activities which may include aerobic exercises, resistance exercises, yoga and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore I hereby confirm that I am voluntarily engaging in an acceptable level of exercise which has been recommended to me by my instructor. I confirm that to my knowledge of all of the above is correct and current. I agree to inform my instructor should any changes in any of the above occur. I hereby release my trainer/instructor from any injury or accident claims or otherwise that may or may not be directly related to exercise programs given to me by my instructor.**

**Clients Name**

**Clients Signature**

**Date of Birth**

**Address**

**Telephone**

**Email**

**Emergency Contact Name**

**Emergency Contact Phone**

**Instructors Name**

**Instructors Signature**

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