



Physical Activity Readiness Questionnaire (PAR-Q)

- If you are between the ages of 15 and 69, your answers to this questionnaire will tell you if you should check with your GP before you significantly change your physical activity patterns.
- If you are over 69 years of age and are not used to being very active, please check with your GP before engaging in any strenuous exercise.
- Common sense is your best guide when answering these questions.
- Please read carefully and answer each one honestly: check YES or NO.

		YES	NO
1	Do you currently, or have you ever had a medical condition that may affect your ability to take part in physical activity?		
2	In the last 12 months have you undergone any type of surgery?		
3	Do you have a bone, joint or muscular problem (for example back, knee or hip pain) that could be made worse by a change in your physical activity?		
4	Are you currently taking any prescription or non-prescription medication?		
5	Do you ever feel pain or tightness in your chest when you do physical activity?		
6	In the past month, have you had chest pain when you were not doing physical activity?		
7	Do you ever lose your balance because of dizziness, or do you ever feel faint or lose consciousness?		
8	Do you know of any other condition that might adversely affect you while you are participating in physical activity?		
If you answered YES to any question, please provide more details:			

YES to one or more questions: You should consult with your GP to clarify that it is safe for you to become physically active at this current time and in your current state of health.

NO to all questions: You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level. A full fitness appraisal can help determine your fitness level.

"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."

Client's Name: _____ Trainer's Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Having answered **YES** to one or more of the above I have sought medical advice and my GP agreed that I may exercise.

Signature: _____ Date: _____

NOTE: This physical clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer **YES** to any of the 8 questions.

(PTO)

(cont.)

PERSONAL DETAILS / CONTACT INFORMATION

Date of Birth (DD/MM/YY): _____

Contact Telephone Number (preferably mobile): _____

Email address: _____

IN CASE OF EMERGENCY

Next of Kin / Relationship: _____

Emergency Contact Number: _____

Blood Group (if known): _____

Known allergies to medication (if any): _____

By completing this form, I consent to the storage, electronic or otherwise, of my personal details and contact information.

Client's Name: _____ Trainer's Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____