

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



Fitness  
Function

Name

Male/Female

Date of Birth

Address

Tel no

Email

This PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose a problem or hazard.

The PAR-Q has been designed to identify the small number of people for whom physical activity might be inappropriate or those who should take medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these few questions. Please read them carefully and tick the YES or NO box opposite the question as it applies to you.

Question	Yes	No
1. Has your doctor ever said you have heart trouble? If yes, please state:		
2. Do you frequently have pains in your heart and chest? If yes, please state:		
3. Do you often feel faint or have spells of severe dizziness? If yes, please state:		
4. Has a doctor ever said your blood pressure was too high? If yes, please state:		
5. Has your doctor ever told you that you have a bone or joint problem(s) such as arthritis that has been aggravated by exercise or might be made worse with exercise? If yes, please state:		
6. Is there a good physical reason, not mentioned here, why you should not follow an activity programme even if you wanted to?		
7. Are you or have you been pregnant in the last six months?		
8. Do you suffer from any problems of the lower back, i.e. chronic pain or numbness? If yes, please state:		
9. Are you currently taking any medications? If yes, please specify:		
10. Do you currently have a disability or a common communicable disease? If yes, please state:		
11. Do you currently undertake regular exercise? (defined as more than 1 x per week)		
12. Can you think of any other reason not mentioned here as to why you should not partake in a High Intensity Exercise Programme? If yes, please state:		

If you answered YES to any questions above, please state your answers here:

If you have answered yes, we suggest that you seek medical approval to continue with your exercise sessions. Please mention anything else that we may need to know to keep your exercise session safe both now and in the future.

## A GRADUATED EXERCISE PROGRAMME

A gradual increase in regular exercise promotes fitness and improves overall health while minimising or eliminating discomfort. Postpone entry into the programme if you feel unwell or have a temporary illness. (P.T.O.)

## **PARTICIPATION INFORMED CONSENT**

All exercise sessions involve cardiovascular exercise and are not suitable for anyone with any serious medical conditions. Always consult your doctor before starting on this or any new exercise programme. The producers, performers or suppliers or any other person associated with this programme assume no responsibility for any injuries that may occur as a result of this programme.

We may stop the session because of signs of fatigue or excessive strain. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort. There exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular, fast or slow hear rhythm and, in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising.

## **DATA PROTECTION**

We take your personal data seriously and will not share it with any third parties. It will be used solely by Fitness Function staff (instructors and front of house team) for the purpose of contacting you about information relevant to your class attendance and informing us about your health details.

We hold your data on our secure online bookings system and a hard copy of this document is kept in our office file. It will be held until you request us to delete your personal information.

Please mark your agreement for the following:

- I consent for Fitness Function to contact me via email
- I consent for Fitness Function to contact me via phone
- I consent for this PAR-Q to be shared with the relevant Fitness Function staff

I have read and understood the conditions above and answered honestly the pre-exercise health screening questionnaire. I answered all the questions to my full satisfaction. Whilst there is every effort to make sure the training is both safe and enjoyable, I understand that with any exercise programme there is a risk of injury.

Signed:

Date: