

Physical Activity Readiness Questionnaire (PAR-Q)

The purpose of this form is to help determine if you should consult with a healthcare provider before becoming more physically active. If you are over 69 years of age and are not used to being very active, please check with your doctor first.

Name: _____ **Date of Birth:** _____

Address: _____

Email _____ **Phone** _____

Please read each question carefully and answer honestly by indicating YES or NO:

General health questions	Yes	No
Has a doctor ever said you have heart condition or high blood pressure?		
Do you experience chest pain when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance due to dizziness or have you lost consciousness in the last 12 months?		
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for a blood pressure or heart condition?		
Do you know of any other reason why you should not participate in physical activity?		

If you have answered “Yes” to any of the above, please provide more details: _____

If you answered “Yes” to one or more questions

Please consult with your healthcare provider before engaging in physical activity to ensure it is safe for you to do so at this current time and in your current state of health.

If you answered “No” to all questions

It is reasonably safe for you to to engage in physical activity, gradually building up from your current level.

You should still consult with healthcare providers if you have concerns or experience discomfort.

Consent:

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. I understand that the PAR-Q is a self-assessment tool and does not replace medical advice. I understand that if my circumstances change I must inform my fitness instructor.

Signature: _____

Name: _____

Date: _____

Note: This PAR Q becomes invalid if your condition changes so that you would answer YES to any of the questions.

Having answered **YES** to one of the questions above, I confirm that I have sought medical advice and my GP has agreed that I can exercise, and do so at my own risk.

Signature: _____

Name: _____

Date: _____