

Physical Activity Readiness Questionnaire



Name		Address
Phone #		
Email		
D.O.B		

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Please read the questions carefully and answer each one honestly: check YES or NO

	YES	NO
Has your doctor said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing drugs for blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not participate in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at the current time and in your current state of health.

If you answered NO to one or more questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

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.

Signature : _____ **Print Name:** _____ **Date :** _____

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature : _____ **Date :** _____

Emergency Contact : _____ **Tel :** _____