

PAR-Q

Pre-Activity Readiness Questionnaire

		M	F
Full Name		Date of Birth	Sex
Home Phone	Work Phone	E-Mail Address	
Address (Line 1)		Height (Metres)	
Address (Line 2)		Weight (Kg)	
Town, Postcode		Blood Type	

Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
Town, Postcode		Town, Postcode	

Health Questions

Please answer all questions with a YES or NO.

1. Do you know of any reason you should not exercise or increase your physical activity?
2. Are you recovering from an illness, injury or operation?
3. Are you pregnant?
4. Are you 60 years or older and not used to being physically active?
5. Do you suffer from Asthma?
6. Has a Doctor said that you have a heart condition and you should only do physical activity recommended by a Doctor?
7. When you perform physical activity, do you feel a pain in your chest?
8. When not performing physical activity, have you recently suffered chest pain?
9. Do you ever lose consciousness or lose your balance due to dizziness?
10. Do you have bone or joint problems that may be made worse with physical activity?
11. Are you currently on any medication for blood pressure or a heart condition?
12. Do you have diabetes?
13. If you answered 'YES' to above, do you have insulin dependent diabetes?
14. Do you suffer from Atherosclerosis or Arteriosclerosis?
15. Do you suffer from Bronchitis?
16. Do you suffer from Epilepsy?
17. Do you suffer from Hepatitis?
18. Do you suffer from Hypertension?
19. Do you suffer from Hypotension?
20. Do you suffer from Meningitis?
21. Do you suffer from Multiple Sclerosis?
22. Do you suffer from Thyroid Problems?
23. Do you suffer from any ailment or injury that could affect your ability to perform physical activity?

If you have answered YES to one or more questions we may need you to contact your doctor before starting to exercise. If your health changes so that you may then answer YES to any of these questions, tell a member of staff as soon as possible.

Medical Information

Hospital/Clinic Preference

Doctor's Name

Phone Number

Insurance Company

Policy Number

Allergies/Other Special Health Considerations

1. Purpose and Explanation of Fitness Assessments & Physical Activity

The selection of exercises and the intensity of the physical exercise will be deemed appropriate based on your health history and current level of fitness.

2. Risk and Discomforts

There are inherent risks associated with any form of physical activity. Training may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness (DOMS), more chronic conditions such as tendonitis, fast or slow irregular heart rhythm, abnormal blood pressure changes, light headedness, dizziness, fainting, chest pain, and other discomforts. Any type of physical activity may in rare instances lead to heart attack, stroke or death, but this is unusual, especially in participants free of known coronary heart disease (CHD), free of any signs or symptoms of CHD, and with few major risk factors of CHD. Training should be modified or postponed if injury is present or if pain or symptoms persist.

3. Responsibilities of the Participant

It is important that you fully disclose your personal health history, any medications you are taking, and any symptoms you may be experiencing during exercise. Such symptoms would include joint pain, irregular heart rhythm, tightness or pressure in your chest, unusual shortness of breath, light headedness, dizziness and the like. It is also important that you adhere to the recommendations of your instructor especially with regard to the choice and intensity of exercises you perform. You should not exceed the recommended exercise intensity (as measured by weight lifted or exercise heart rate) and you should not exercise when you are injured, sick or not otherwise feeling well.

4. Inquiries

An important part of the informed consent process is providing you the opportunity to enquire about any aspect of the forthcoming fitness assessments and physical activity. If you have any questions or concerns whatsoever, please feel free to ask.

5. Use of Medical Records and Information

Any information gathered (such as health history information, signs or symptoms of disease, risk of disease, exercise risk, blood pressure, body composition, aerobic fitness, instances of joint pain, chest pain, light headedness or dizziness, etc.) will be kept confidential to the extent provided by law. You will be encouraged to allow us to share this information with your physician or primary care provider in an attempt to diagnose or treat a current disease or reduce your risk of developing a more serious medical condition. No identifiable information will be released or revealed to any other party without your written consent. You may be asked, however, to allow certain information (from which your identity is removed) to be used for statistical analysis, research, or testimonial purposes.

6. Freedom of Consent

I agree to voluntarily participate in the fitness assessments and physical activity outlined & discussed. I understand that I am free to deny consent if I so desire now or at any point in the program.

Please Read the Following Statements Carefully

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in future participation. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in forthcoming fitness assessment & physical activity.

If I am accidentally injured during fitness assessments or physical activity, **INSTRUCTORS NAME HERE** will offer immediate first aid (if needed) but will be unable to provide treatment. If injured, I will be responsible to seek treatment with my own physician or primary care provider.

Furthermore, I, for myself and my heirs, fully release from liability and waive all legal claims against **INSTRUCTORS NAME HERE** for injury or damage that I might incur during participation.

Signature

Date