

Physical Activity Readiness Questionnaire (PAR Q)

Client Name..... DoB

Address.....

Email.....Phone

Emergency contact.....Phone.....

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 significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor.

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

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs (eg. water pills) for blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		
If YES to any of the above, please comment:		

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 this 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.

Informed Consent

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Signature.....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.....

Note: This PAR Q becomes invalid if your condition changes so that you would answer **YES** to any of the 7 questions.