



# Physical Activity Readiness Questionnaire (PAR-Q)

Name:			
Address:			
Mobile number:		Date of Birth	
Email:			
Emergency Contact:	<i>Please give name, mobile number &amp; relationship</i>		

If you are between the ages of 15 and 69, the PAR-Q will indicate 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 below carefully and answer honestly by indicating **YES** or **NO**.

PAR-Q QUESTIONS	Please tick appropriate box	Yes	No
Has your doctor ever said 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 a chest pain when you were not doing physical activity?			
Do you lose balance because of dizziness, or do you ever lose consciousness?			
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 your blood pressure or heart condition?			
Do you know of any other reason why you should not take part in physical activity? If YES, 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 **ALL** of the questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

**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 or more of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

**SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Note:** This PAR-Q becomes invalid if your condition changes so that you would answer **YES** to any of the 7 questions. **If this occurs, please inform your instructor immediately.**