

## Physical Activity Readiness Questionnaire (PAR-Q)



Name: \_\_\_\_\_

D/O/B: \_\_\_\_\_ Age: \_\_\_\_\_

**Please read carefully and fill out questions accurately.** For most people, physical activity should not pose any problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

1. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?
2. Do you have high blood pressure?
3. Do you have low blood pressure?
4. Do you have Diabetes Mellitus or any other metabolic disease?
5. Has your doctor ever said that you have raised cholesterol?
6. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?
7. Have you ever felt pain in your chest when you do physical exercise?
8. Is your doctor currently prescribing you drugs or medication?
9. If yes please state: .....
10. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?
11. Is there any history of Coronary Heart Disease in your family?
12. Do you often feel faint, have spells of severe dizziness or have lost consciousness?
13. Are you, or is there any possibility that you might be pregnant?
14. Do you know of any other reason why you should not participate in a programme of physical activity?
15. If YES please give details: .....

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.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Data Protection

I hereby grant Shore 2 shore fitness authorisation to process my personal data for the purpose of providing personal training and classes. I understand that my data will only be used for the specific purpose of administration and for no other purpose without obtaining my specific consent for that purpose. I understand that none of my data will be supplied to any other 3<sup>rd</sup> party processor without my specific consent.

I understand that I am able to withdraw my consent at any time by contacting shore 2 shore fitness.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_