

PRE-ACTIVITY READINESS EXERCISE QUESTIONNAIRE

NAME: DOB:

WEIGHT:kg/lbs HEIGHT:In/cm

HOME NUMBER: MOBILE:

ADDRESS: POST CODE:

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NEXT OF KIN ADDRESS AND NUMBER:

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DOCTORS ADDRESS AND NUMBER:

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Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

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. Common sense is the best guide in answering these few questions.

MEDICAL QUESTIONS

		Yes	No
1.	Has your doctor ever said that you have a Heart condition and that you should only perform physical activity recommended by a doctor?		

(if yes, please explain)

		Yes	No
2.	Do you feel pain in your chest when your perform exercise?		

(if yes, please explain)

		Yes	No
3.	In the past month, have you had chest pain when you were not performing exercise?		

(if yes, please explain)

		Yes	No
4.	Do you lose your balance because of dizziness or do you ever lose consciousness?		

(if yes, please explain)

		Yes	No
5.	Do you have any bone or joint injuries / problems that could be made worse by a change in your physical activity?		

(if yes, please explain)

		Yes	No
6.	Are you currently taking any medication for a medical issue?		

(if yes, please explain)

		Yes	No
7.	Have you ever had any major illness or surgery?		

(if yes, please explain)

		Yes	No
8.	Are you pregnant or have had a baby within the past year?		

(if yes, please explain)

		Yes	No
9.	Do you suffer form any other injuries / medical issues that have not been raised in any of the questions on this form?		

(if yes, please explain)

		Yes	No
10.	Do you know of any other reason why you should not engage in physical activity?		

(if yes, please explain)



If you answered yes to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming more physically active.
Tell your doctor about the PAR-Q Form you have filled in and to which questions you answered YES.

Please Note:

- If your health changes since filling out the PAR-Q Form, you must tell us, as we may need to change the sessions you take part in.
- In no way are Emma James Physio / James Corporate Health liable for any false or unknown information that you have supplied / not supplied to us prior to partaking in any physical activities.

Assumption of Risk:

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.

Additional note: I have taken medical advice and my doctor has agreed that I should exercise.

Members Signature: Staff Signature:

Date: Date: