

PAR-Q (Physical Activity Readiness Questionnaire)

- Do you have any history of heart trouble and/or defects? Yes / No
(If yes we require written consent from your GP before commencing exercise)
- Have you ever been told you have high or low blood pressure? Yes / No
- Do you often feel faint or have spells of severe dizziness? Yes / No
- Do you have any conditions the instructor should be aware of? Yes / No
(Diabetes, Asthma, Epilepsy etc)
- Have you had any injuries or surgery in the last year? Yes / No
- Are you currently on any medication? Yes / No
- Are you pregnant, or have you had a baby in the last six months? Yes / No
- Have you ever smoked? If yes, how many per day? Yes / No
- Are you over 50 and / or unaccustomed to strenuous exercise? Yes / No

If you have answered YES to any of the above please discuss with the instructor

Please circle your reason(s) for exercising:

General Fitness Reduce Body Fat Gain Strength or Endurance
Release Stress Fun Social Doctors Advice Other

Name _____

I have read & answered honestly to the above questions & agree to participate.

Signature _____

Please note all information provided by you in this questionnaire is strictly confidential