





Age: ____ Name: Person Number (internal use) Regular physical activity is fun and healthy and whilst being more active is very safe for most, some people should check with their doctor before they start becoming more physically active. This PAR-Q has been designed to identify the small number of people 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 your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: circle YES or NO. Do you, or have you ever had a heart condition? YES / NO Do you get pains in your chest when exercising? YES / NO Have you had pains in your chest in the last month when not exercising? YES / NO Do you lose balance due to dizziness, or do you ever lose consciousness? YES / NO Do you have any bone or joint problems? YES / NO Is your Doctor currently prescribing you any medication to treat blood pressure or a heart condition? YES / NO Are you currently / or do you believe you are pregnant? YES / NO Are you diabetic? YES / NO Are you a smoker? YES / NO How much alcohol do you consume per week? _____ Do you currently take any kind of medication, including inhalers? YES / NO If answered 'YES' please write details of medication here: Do you know of any reason, medical or other, why you cannot do physical activity? YES / NO Please list any other conditions, disabilities or health concerns not already mentioned in this questionnaire If you have answered 'yes' to any of the above questions we recommend you consult your GP before partaking in any kind of physical activity. After medical evaluation, seek advice from your GP about what kind of physical activity will be suitable for your current condition. Customer signature Date Instructor signature _____ Date ___

Parent / Guardian signature (where required) ______ Date ____