



## Physical Activity Readiness Questionnaire (PAR-Q)

Before you begin exercising your instructor needs to know some information about you to ensure the exercises are safe and effective for you, this will be kept private and confidential.

Name	
Address	
Phone/Mobile	
Email	
Date of Birth	
Emergency Contact (name & Number)	

	Yes	No
Has your doctor advised you not to participate in exercise?		
Do you feel pain in your chest at rest or when you do physical activity?		
Do you lose your balance because of dizziness or do you ever black out?		
Do you get short of breath at rest or doing light activity?		
Do you have a heart condition? (e.g., angina, palpitations, atrial fibrillation or have you ever had a heart attack?)		
Have you ever had a stroke or a mini stroke?		

***If you answered YES to any of the above please ask your GP/ health care professional before participating. By signing below you indicate you have permission to participate.***

***If you have answered NO to all of the above please answer the following:***

Do you have any difficulties with your breathing such as COPD, emphysema, chronic bronchitis, asthma or any other lung condition?		
Do you have diabetes, high blood pressure or epilepsy? If yes, please indicate which.		
Do you have any bone, joint, muscular or neurological conditions which affect your ability to exercise such as osteoporosis, back pain, multiple sclerosis, Parkinson's or arthritis? Include any joint replacements.		
Have you had any operations in the last 3 months?		
Have you had a fall in the last 12 months?		
Do you have (or have you had) cancer?		
Do you take any medication that may be required in an emergency? If so please let your instructor know and list on the back of this form		
Do you have any allergies including latex?		
Can you walk for 20 minutes? If so how many times a week do you do this?		

***If you answer 'yes' to any of the questions, please provide details below. Thank you.***

Please provide details of any other needs you have that the instructor should be aware of such as walking aids, hearing or sight difficulties, physical or learning disabilities.

**I have read, understood and completed this questionnaire honestly and agree to keep my instructor informed of any changes. I understand that I participate at my own risk.**

***Please sign to indicate your consent to share this information with us.***

Signature:		Date:	
------------	--	-------	--

We may sometimes take photos or film sessions for use in social media and advertising. If you DO NOT consent to being filmed please ensure the instructor is made aware of this.