



Physical activity readiness questionnaire (PAR-Q)

Full Name: _____
Age: ____ Gender: ____ Contact Number: _____

Next of Kin Full Name: _____
NOK Contact Number: _____ Relationship: _____

This PAR-Q is designed to help you to help yourself. Many benefits are associated with regular exercise and completion of the PAR-Q form 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 a problem or hazard.

The PAR-Q has been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these questions.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES/NO
2. Do you feel pain in your chest when you do physical activity?	YES/NO
3. In the past month, have you had chest pain when you were not doing physical activity?	YES/NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES/NO
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity?	YES/NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	YES/NO
7. Do you know of any other reason why you should not do physical activity?	YES/NO

If you have answered YES to any of the above questions, then you may be required to gain consent from your doctor before participating in the exercise programme.

Membership Adviser: Health screen required

Medical letter required

Fitness Adviser: Health screen completed

Medical letter received



If you have answered NO to all of the above questions and you have reasonable assurance of your suitability for:

An exercise programme – which will include; a personalised progressive programme designed around your needs and short, medium and long-term goals. The programme will work all components of physical fitness and use the principles of training to ensure it is a gradual periodised programme of exercise and physical activity.

You are advised to postpone entry into the programme if you feel unwell or have a temporary illness. You must inform a member of staff of any changes to your health status, whilst engaged in your training programme.

Informed consent form for exercise prescription

Programme objectives and procedures

I understand that the purpose of the exercise programme is to provide safe and individualised exercise to improve health and fitness. Exercises may include:

- o Cardiovascular machine activities such as upright or recumbent cycling, x-training, stair climbing and other such activities in outdoor environments
- o Resistance training activities using resistance machines, free weights or circuit training to improve muscular strength or endurance
- o Core and flexibility exercises to improve core stability and movement around the joints and range of motion

Potential risks

The exercise programme is designed to place a gradually increasing workload on the cardiovascular and muscular systems and thereby improve their function. The reaction of the cardiovascular and muscular system to such exercise cannot always be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes could relate to blood pressure or heart rate.

Potential benefits

I understand that a programme of regular exercise has been shown to be beneficial. Some of these benefits include:

- o A decrease in risk of heart disease
- o A decrease in body fat
- o Improved blood pressure
- o Improvement in psychological function
- o Improvement in aerobic fitness

The exercise programme has been explained to me and my questions regarding the programme have been answered to my satisfaction. I understand that I am free to withdraw at any time.

The information obtained will be treated as private and confidential.

Signature for PARQ & Informed Consent

Signature of client:

Signature of Trainer:

Date: _____

Date: _____