



Physical Activity Readiness Questionnaire (PAR-Q)

Client Name: _____

Client D.O.B: _____

QUESTIONS	Yes	No
Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
Do you feel pain in your chest when you perform physical activity?		
In the past month, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		



Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you have any other reason why you should not engage in physical activity? If yes, please explain why? <hr/> <hr/>		

If you have answered YES to one or more of the above questions, please consult your doctor before engaging in physical activity. Tell your doctor which questions you have answered YES to, then after medical evaluation, seek advice from your GP on what type of activity is suitable for your current situation.

Please enter any additional information below that could potentially impact your safety in participating in physical activity.
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I certify that my answers to the questions above are true and complete to the best of my knowledge. I understand and agree that it is my responsibility to inform my trainer of any conditions or changes in my health, now and on-going, which might affect my ability to exercise safely with minimal risk injury. I have sought medical advice on any/all questions within this PAR-Q from that I have answered YES to and have been cleared to partake in the upcoming advised exercise programme. I am fully aware of the potential risks and am happy to continue.

Client Signature: _____

Date: _____

Trainers Signature:

A handwritten signature in black ink, appearing to be 'C. Morgan', written over a vertical line.

Date: _____