



Physical Activity Readiness Questionnaire (PAR-Q)

Full Name: _____ Mobile No: _____

E-mail Address: _____

1. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? **Yes/No**
2. Do you have high blood pressure? **Yes/No**
3. Do you have low blood pressure? **Yes/No**
4. Do you have Diabetes Mellitus or any other metabolic disease? **Yes/No**
5. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor? **Yes/No**
6. Have you ever felt pain in your chest when you do physical exercise? **Yes/No**
7. Have you ever suffered from unusual shortness of breath at rest or with mild exertion? **Yes/No**
8. Are you, or is there any possibility that you might be pregnant? **Yes/No**
9. Do you know of any other reason why you should not participate in a programme of physical activity? **Yes/No**

If YES please give details _____

If you answered **YES to one or more questions:**

If you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity and/or taking a fitness appraisal. Tell your doctor what questions you answered 'yes' to on PAR-Q or present your PAR-Q copy.

If you answered **NO to all questions:**

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- 1) A graduated exercise programme

Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Participants Signature:	Instructor Signature:
Date:	Date: