

Name:

D.O.B

Address:

Postcode:

Email:

Mobile:

Physical Activity Readiness Questionnaire (PAR-Q) & Informed Consent Form

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Common sense is your best guide when answering these questions please read carefully and answer each one honestly: check YES or NO.

Please tick either YES or NO

1. Has your doctor ever said 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 a 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 your physical activity? Yes No
6. Is your doctor currently prescribing medication? (for your blood pressure, heart condition etc?) Yes No
7. Do you suffer from Asthma Yes No
8. Do you suffer from Epilepsy Yes No
9. Are you pregnant? Yes No
10. Do you know of any other reason why you should not do physical activity? Yes No

If yes, please comment:

YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

NO to all questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

Explanation of exercises and fitness tests

You may be asked to perform a number of exercises and / or fitness tests. These exercises and tests will vary in application and intensity and may involve contact between you and your trainer, such as during the taking of body fat measurements or the act of spotting during exercise. All exercises and tests will always be explained fully beforehand and you will be monitored closely throughout and only asked to complete tests and exercises appropriate to your goals and fitness level. I may stop any exercise or test at any time because of signs of fatigue or discomfort, or, you may stop when you wish because of personal feelings of fatigue or discomfort.

Risks and discomforts

There exists the possibility of certain changes occurring during any exercise. They include abnormal blood pressure, fainting, disorder of heartbeat and in rare instances, heart attack, stroke or death. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercise.

Responsibilities of the client

Information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercises. Your prompt reporting of feelings of effort during the exercise itself is also of great importance. It is your responsibility to fully disclose such information when requested.

Freedom of consent

Your permission to perform the exercises is voluntary. You are free to deny consent or stop at any point, if you so desire.

I have read and understood the information contained in this form and accurately completed the above questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise which has been recommended to me, and my participation involves a risk of injury or even the possibility of death.

Signature: _____
Print name: _____
Date: _____

Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: _____
Date: _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.