

Physical Activity Readiness Questionnaire (PAR-Q)

If you are planning to take part in physical activity or an exercise class, start by answering the following questions. You may wish to consult your doctor before starting any exercise program.

All information given will be treated as confidential.

		Please Tick	
		Y	N
1	Have you ever been advised by your doctor that you have a heart condition and should only do physical activity as advised by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you ever feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever had chest pain when you are not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you ever feel faint or experience spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have a bone or joint problem that could be made worse by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever been told that you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are you currently taking any medication that might affect you doing physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are you pregnant or have you had a baby in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
9	Is there any other reason that you are aware of that might mean you should not participate in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
10	If yes, what?		

11 Are you: Diabetic Asthmatic Epileptic

12 Have you recently undergone an operation?

13 Do you Drink Smoke

Date of Birth _____

Current Age _____

If you answered "Yes" to one or more questions.

Talk to your doctor by telephone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the question are and the question(s) that you answered yes to. You may be able to do any activity you want - as long as you begin slowly and build up gradually, or you may need to restrict your activities to those that are safe for you. Talk to your doctor about the kind of activity you wish to participate in and follow their advice.

If you answered "No" to all questions.

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise program. **Remember - Begin slowly and build up gradually.**

Please Note: If your health changes so that subsequently you answer "Yes" to any of the questions, you should inform your fitness professional immediately. Ask whether you should change your physical activity or exercise plan. Delay becoming more active. If you feel unwell because of a temporary illness such as a cold or flu - wait until you are fully recovered.

Blood Pressure

Systolic _____
Diastolic _____

Average $\frac{120}{80}$

Hypertension $\frac{150}{95}$

Refer to GP

Resting Heart Rate _____ bpm

Name _____ Signed _____ Date _____

I acknowledge that there are risks and dangers inherent in physical activity and understand that all exercise is undertaken at my own risk.

Any liability on the part of the operators is excluded unless negligence is proven.

I agree to observe and abide by the rules and conditions of the membership.

I understand that there may not always be an Instructor on the gym floor at all times.

I hereby certify that I am physically fit and have not been otherwise informed by a doctor or other medical professional.

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

I have read, understood and completed this questionnaire.

All questions have been answered accurately and to the best of my knowledge.

Name _____ Signed _____ Date _____

Additional Notes:

Rodmersham Fitness limited

Bottles Lane, Rodmersham, Sittingbourne, Kent ME9 0PR

01795 422121 www.rodmershamsquashclub.co.uk e-mail: thesquashclub@live.com