

# Physical Activity Readiness Questionnaire for Everyone 2017

## PAR-Q FORM



Regular physical activity is fun and healthy, and more people should become physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified professional before becoming more physically active.

Please read the below carefully and answer each one honestly.

	Section 1 – General Health	Yes	No
1	Has your doctor ever said that you have a heart condition or high blood pressure?		
2	So you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
3	Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?		
4	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure?)		
5	Are you currently taking prescribed medications for a chronic medical condition?		
6	Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active.		
7	Has your doctor ever said that you should only do medically supervised physical activity?		
8	Are you pregnant or had a baby within the last 6 months?		
9	Do you suffer with asthma or breathing difficulties?		

If you have said yes, please explain more below:

## Section 2 – Declaration

Fonseca Fitness and their instructors assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to exercise.

Please read and sign the declaration below:

*"I, have read and understood to my full satisfaction this questionnaire. I acknowledge that this physical activity clearance is valid and only becomes invalid if my condition changes. I have the right to request any advice from any of Fonseca Fitness coaches, at any time, in relation to the activities and exercise being undertaken.*

*I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment, indoors or outdoors are potentially hazardous activities.*

*I hereby declare myself to be physically sound and suffering from no condition, impairment, disease (other that has been declared in this par-q and discussed with the appropriate trainer prior to exercise"*

## Section 3 - Information

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile number: \_\_\_\_\_

## Section 4: Next of Kin Information

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

## Section 5: Signature

PRINT NAME:

SIGNATURE:

DATE: