

Physical Activity Readiness Questionnaire (PAR-Q)

Important: This questionnaire must be completed before beginning any exercise programme. Your safety is our top priority.

Health Screening Questions

Please answer all questions honestly. If you answer 'Yes' to any question, you must consult your doctor before starting a new exercise programme.

- ☐ Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- ☐ Do you feel pain in your chest when you do physical activity?
- ☐ In the past month, have you had chest pain when you were not doing physical activity?
- ☐ Do you lose your balance because of dizziness or do you ever lose consciousness?
- ☐ Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- ☐ Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- ☐ Do you know of any other reason why you should not do physical activity?

Medical History Details

If you answered 'Yes' to any questions above, please provide additional details:

Current medications:

Previous injuries or surgeries:

Ongoing medical conditions:

Emergency Contact Information

Full Name:

Relationship:

Contact Number:

Health & Risk Disclaimer

I understand that if I answered 'YES' to any of the PAR-Q questions, I should seek medical advice before starting an exercise programme. I acknowledge that I have read, understood, and completed this questionnaire honestly. I understand that I should stop exercising if I experience any concerning symptoms and inform my fitness professional immediately.

☐ I confirm that I have read and understand the above disclaimer

Client Name:

Date: @March 11, 2025