



Pre-Activity Readiness Questionnaire (PAR-Q)

Name	
Date of Birth	
Email Address	
Contact Number	
Membership ID	

Emergency Contact Number	
Name	Contact Number

Allergies/Other Special Health Considerations

Sign	
Date	

PF28 Staff Name/Signature	
Date	

File Reference (Internal Use Only)

ProFIT28 assume no liability for persons who undertake physical activity. Should you be in any doubt after completing this questionnaire you agree to consult your doctor prior to undertaking physical activity.

Question	Tick if YES
Do you know of any reason you should not exercise or increase your physical activity	
Are you recovering from an illness, injury or operation	
Are you pregnant	
Not used to being physically active	
Do you suffer from Asthma	
Has a Doctor said that you have a heart condition and you should only do physical activity recommended by a Doctor	
When you perform physical activity, do you feel a pain in your chest	
When not performing physical activity, have you recently suffered chest pain	
Do you have bone or joint problems that may be made worse with physical activity	
Are you currently on any medication for blood pressure or a heart condition	
I am aware of other reasons why I should not take part in physical activity in a fitness centre environment	
None of the above question apply to me	

You accept the statements below by ticking the checkbox next to each statement.

Question	Tick if YES
I confirm that my responses are accurate	
If I have highlighted any health concerns detailed above I understand that I am required to discuss my exercise programme within a gym environment with my Doctor or Health Professional and to take advice on activities which are safe to participate in.	
In the event that I have been advised to seek medical clearance prior to undertaking exercise, I agree to contact my doctor and take responsibility for obtaining written permission prior to the commencement of my exercise programme in a gym environment.	
Should any change in my Health or unusual symptoms occur at any point, I will cease participation and inform a Doctor of these symptoms.	
I understand that I must notify you immediately of any changes in my health.	
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	
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