



**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

**Name**.....

**Address**.....

**Date of birth**.....

**Phone number**.....

**Emergency contact name & number**.....

**Medical declaration**

*please circle*

**1. has a doctor ever said you have a heart condition?** *yes no*  
**details**.....

**2. Do you feel pain in your chest when you do physical activity?** *yes no*

**3. In the past month have you had pain in your chest at rest?** *yes no*

**4. Has a doctor ever said your blood pressure was too high?** *yes no*  
**details**.....

**5. Do you lose your balance because of dizziness or do you ever lose consciousness?** *yes no*

**6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?** *yes no*  
**details**.....

**7. Are you taking any medication? If so, please list here.....** *yes no*  
.....  
.....

**8. Is there anything else in your medical history not listed above which may affect your ability to exercise?** *yes no*  
**details**.....

**9. Are you aged over 69 and not used to being very active?** *yes no*

*If you answered yes to any of the above questions, please speak to your GP before becoming more physically active. If your health changes, please advise your instructor before doing the exercise. I have read, understood and completed the questionnaire and confirm it is correct.*

**signed**..... **date**.....