

## **PAR Q Form Physical Readiness Questionnaire**

Yes • No

If yes please specify:

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor prior to training.

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ase read carefully and ensure you answer each question honestly
1. Have you ever had a heart condition where you should only do physical activity recommended by a doctor?
• Yes
• No
2. Do you feel pain in your chest when you do physical activity?
• Yes
• no
3. In the past month, have you had chest pain when doing physical activity? •
Yes
• No
4. Do you lose balance because of dizziness or do you ever lose consciousness? •
Yes
• No
5. Do you have any bone or joint problems (for example; back, knee, hip) that could be made
worse by a change in physical activity?
• Yes
• No
6. Are you currently on any medication?



7. Is there any other reason you should not participate in any physical activity? (if yes please specify)
If you answered yes to one or more questions, you should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.
If you answered no to all questions, it is reasonably safe for you to participate in physical activity, a fitness appraisal test can help determine your ability levels
I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves risk of injury
Participant Signature: Print name: Date:
Having answered YES to one of the above, I can confirm that I have sought medical advice and my GP has agreed that I may exercise
Participant Signature: Date: