

Health Questionnaire (PAR-Q)

Please answer the following questions:

1. Has your doctor ever said you have a heart condition and that 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 a chest pain when you were not doing physical activity?

YES/NO

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

YES/NO

5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

YES/NO

6. Is your doctor currently prescribing medication for your blood pressure or heart condition?

YES/NO

Details:

7. Do you know of any other reason why you should not do physical activity e.g. pregnancy, diabetes etc?

YES/NO DETAILS: _____

If you have answered yes to any of the above please discuss this with the instructor and if necessary your doctor, before starting to attend the gym.

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 a risk of injury.

Signature _____ Date: _____

E-Mail: _____

Print name : _____

Date of birth: _____

Address: _____

Details of GP Surgery: _____

Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.

Signature _____

Print Name: _____ Date _____

Measurements:

BP:

RHR:

Weight: