

PAR - Q

(Physical Activity Readiness Questionnaire for people aged 14 to 69)

- Name:
- Date of birth:
- Contact tel. no:
- Address:
- E-mail (*kept confidential, just keeps you updated with regular timetable*) PLEASE PRINT! :

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Health History:

Current illness/disease.....

Current or recurring injury.....

Medication

Back/Knee/Joint problems.....

Pre or post natal? How long?.....months

Have you ever suffered from the following problems? (tick) :

Heart condition... High Blood pressure...

Low blood pressure... Epilepsy....

Diabetes... Mental health issues....

Faint/dizziness... High Cholesterol.....

Angina... Other..... Details.....

CLASS TAKEN..... INSTRUCTOR NOTED & DISCUSSED AS REQUIRED

Do you currently exercise?.....

Informed Consent: I hereby consent to take part in this class at my own risk. If I have any known health problems I will discuss them with my instructor. If he or she offers any reason for not joining in this exercise programme I will adhere to her recommendations. I understand that the risks of undertaking physical activity and exercise may include disorders of heartbeats, abnormal blood pressure response, and, very rarely, a heart attack or death. I further understand that selection and supervision of exercise is a matter of professional judgement. I understand that I can withdraw my consent or discontinue participation in any aspect of the fitness programme at any time without penalty or prejudice toward me. I have read the statement above and have had all of my questions answered to my satisfaction.

Signature:

Date:

Print Name: