

# Physical Activity Readiness Questionnaire



Please complete the following PAR-Q from to ensure you do not have any potential contraindications to exercise. A well implemented can be highly beneficial for your health and well being however there are inherent risks whilst exercising.

Please tick the appropriate answer to each of the questions below. If you answer yes to any of the questions, please give specific details in the appropriate section provided.

Name:

Date:

## MEDICAL HISTORY

		YES	NO
1	Is there any good reason you are aware of why you should not follow an exercise programme?		
2	Have you ever been advised by a doctor not to exercise or to undergo a modified exercise programme?		
3	Do you suffer any medical conditions?		
4	Are you currently taking any medication?		
5	Have you had any major illnesses or been hospitalised in the past 5 years? If yes, please give details.		
6	Have you had any major surgery in the past 10 years?		
7	Have you had any minor surgery in the past 2 years?		
8	Do you have any injuries or illnesses your Personal Trainer should be aware of when writing and implementing your exercise programme?		
9	Do you suffer from Asthma?		
10	Do you suffer from back pain?		

11	Do you suffer from joint pain?		
12	Are you, or have you recently been pregnant?		
13	Has your GP ever said your blood pressure has been too high?		
14	Has your GP ever said you have heart trouble?		
15	Have you ever experienced pain in your chest or heart at exercise or at rest? If yes, please give details:		
16	Do you often feel faint or have bouts of dizziness?		
17	Do you ever have difficulty breathing?		
18	Are you receiving treatment or have you ever received treatment for epilepsy?		
19	Are you receiving treatment or have you ever received treatment for diabetes?		

#### FAMILY HISTORY

		YES	NO
20	Do you have any family history of heart attacks under the age of 50?		
21	Do you have any family history of strokes under the age of 50?		
22	Do you have any family history of high blood pressure?		
23	Do you have any family history of diabetes?		

#### LIFESTYLE FACOTRS

		YES	NO
23	Do you lead a highly stressful lifestyle?		
24	Are you unaccustomed to regular physical activity?		

25	Approximately how many unit of alcohol do you drink each week?	
26	Approximately how many cigarettes/cigars etc do you smoke each week?	
27	How many times per week do you complete physical activity?	

**EXTRA DETAILS**

Please provide details if you answered yes to any of the questions above:

Question:	Details:

**DECLARATION:**

I confirm that I have read, understood and completed the above physical activity readiness questionnaire. Any doubts and queries I had regarding particular questions have been answered to my full satisfaction.

I am aware that participation in an exercise programme requires me to be clear of any medical or health problems. Any action I take to engage in a fitness activity is taken with full knowledge of my present and past medical history and I waiver Box Genesis Ltd with regard to the risk associated with physical exercise.

I know of no physical or medical condition that either myself, or my doctor, is aware of that could be aggravated or exacerbated by participating in an exercise programme. I agree to advise Box Genesis Ltd in writing if this changes or if my doctor advises me to stop, reduce or otherwise adjust my exercise routine.

I recognise that trainers provided by Box Genesis Ltd are not able to provide me with medical advice with regard to my medical fitness and that the above information is used as a guideline to the limitations of my ability to exercise.

I will advise Box Genesis Ltd if I injure myself in any way while participating in exercise under the supervision of one of their trainers.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_