

Physical Activity Readiness Questionnaire (PAR Q)

When using this form, you (instructor) need to state:

- We are collecting this information to ensure your reasonable safety to participate in physical activity
- The information will be stored electronically
- The policy for destroying this information (36 months after leaving)

Your Personal Details:

Client Name: _____ D.O.B _____

Address: _____

_____ Postcode: _____

Email: _____ Phone: _____

If you are between the ages of 15 to 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. Please read each question carefully and answer honestly by indicating YES or NO.

Please indicate if you ever experience any of the following symptoms. DO YOU...?

Has your doctor ever said you have a heart condition? YES/NO

Do you feel pain in your chest when you do physical activity? YES/NO

In the past month, have you had chest pain when you were not doing physical activity? YES/NO

Do you have a bone or joint problem (bad back, knee, hip) that could be made worse by a change in physical activity? YES/NO

Is your doctor currently prescribing medication for blood pressure or heart condition? YES/NO

Do you know of any other reason why you should not take part in physical activity? YES/NO

If YES, please explain:

If you answered YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to increase your activity levels.

If you answered NO to one or more questions:

It is reasonably safe for you to participate in physical activity, gradually building up your fitness levels.

An induction could help determine ability levels.

I can confirm that I have answered all questions honestly and that the information given is correct. I can confirm that I am voluntarily participating in physical activity and understand the injury risks involved. If answered YES to any questions, you have sought medical advice

Print Name: _____ Signature: _____

Date: _____