



Physical Activity Readiness Questionnaire (PAR-Q)

If you are between the ages of 16 and 69 this questionnaire will tell you if you should check with your doctor before you start physical activity. If you are over 69 years of age and are not used to being very active, check with your doctor. Your instructor will treat all information confidentially. Please answer each question honestly.

1.	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES	NO
2.	Have you ever felt pain in your chest when you do physical activity?	YES	NO
3.	In the past month have you had chest pain when you were not doing physical activity?	YES	NO
4.	Has your doctor ever said that you have a bone or joint problem that could be made worse by a change in your physical activity?	YES	NO
5.	Do you have high or low blood pressure? If so which is it?	Hi / Lo	NO
6.	Do you lose your balance due to dizziness or do you ever lose consciousness?	YES	NO
7.	Do you have any medical conditions or diseases that could be affected by physical activity, or that your trainer should be made aware of?	YES	NO
8.	Is your doctor currently prescribing you drugs or medication for your blood pressure or heart condition, or any other condition that your trainer should be aware of?	YES	NO
9.	Are you, or is there any possibility that you might be pregnant? Or have you had a baby in the last 6 months?	YES	NO
10.	Do you know of any other reason why you should not participate in a programme of physical activity?	YES	NO

If YES please give details:

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If you answered YES to one or more questions: You should consult with your doctor to clarify that it is safe for you to participate in physical activity. Tell your doctor what questions you answered 'Yes' to on PAR-Q or present your PAR-Q copy.

If you answered NO to all questions: If you answered PAR-Q accurately, you can be reasonably sure it is safe for you to participate in physical activity.

PLEASE NOTE

This form is valid for a maximum of 12 months from date of completion and becomes invalid if your condition changes so that you would answer YES to any of the questions. If your health changes so that subsequently you would answer YES to any of the above questions, inform your fitness or health professional immediately

Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in physical activities, which may include resistance exercise and stretching. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise.

I understand that I am responsible for monitoring myself throughout the class and, should any unusual symptoms occur, I would cease participation and inform the instructor of the symptoms.

In the event of any injuries occurring as a result of attendance, *KJ Pilates and Yoga* is released from any liability now, or in the future, for conditions that may result from participation

Name: Signature:

Date:

Address

Mobile No:

Emergency contact name and phone no:

Additional note: **Having answered YES** to one of the questions above, I have taken medical advice and my doctor has agreed that I may exercise.

Signature: Date: