



PAR-Q FORM

If you are between the ages of 15 and 69, the PAR-Q will tell 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, please check with your doctor. Common sense is your best guide when answering these questions.

If this is being completed for the Kids Classes please answer on behalf of the child attending.

CLIENT INFORMATION

NAME: DATE:

DATE OF BIRTH:

ADDRESS:

TEL: EMAIL:

DOCTOR'S SURGERY / NAME:

DOCTOR'S TELEPHONE:

DOCTOR'S ADDRESS:

EMERGENCY CONTACT NAME & RELATIONSHIP TO CLIENT/CHILD:

EMERGENCY CONTACT TELEPHONE NO.:

Please read the following questions carefully and answer each one honestly by ticking either YES or NO.

QUESTIONS	YES	NO
Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when performing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were NOT performing any physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or have you lost consciousness recently?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any bone or joint problems such as arthritis which could be aggravated through physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing you any medications for high blood pressure or for a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an operation in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any reason why you should NOT participate in physical activity	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to the final question, please provide your reason here:

Do you have any allergies that we should be made aware of? If yes, please state details here:

For Parents completing this form on behalf of a child, It is the parent's responsibility to inform us of any and all injuries, physical limitations or special needs of participating children prior to session registration.

For Parents completing this form on behalf of a child. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

**If you answered
YES**

If you answered yes to one or more questions, are older than the age of 40 and have been inactive or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity.

You should ask for a medical clearance along with information about specific exercise limitations you may have.

In most cases you will still be able to do any type of activity you want as long as you adhere to some guidelines.

When to delay the start of an exercise programme:

If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising. If you are, or may be pregnant, talk with your doctor before you start becoming more active.

**If you answered
NO**

If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. It may also be helpful to have a fitness assessment with a fitness instructor or personal trainer in order to determine where to begin.

PLEASE NOTE: IF YOUR HEALTH CHANGES SO THAT SUBSEQUENTLY YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS, INFORM YOUR FITNESS OR HEALTH PROFESSIONAL IMMEDIATELY.

ASK WHETHER YOU SHOULD CHANGE YOUR PHYSICAL ACTIVITY OR EXERCISE PLAN.

DECLARATION:

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.

CLIENT NAME:

CLIENT SIGNATURE:

DATE:

INSTRUCTOR NAME:

INSTRUCTOR SIGNATURE:

DATE:

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

CLIENT NAME:

CLIENT SIGNATURE:

DATE:

INSTRUCTOR NAME:

INSTRUCTOR SIGNATURE:

DATE:

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