

Physical Activity Readiness Questionnaire (PAR-Q)

Personal Details

Name:	Date of Birth:
Address (incl Postcode):	
Post Code:	
Contact Number:	Email:
Emergency Contact Name:	Emergency Contact Number:

Health History

For most people, regular physical activity will not pose a problem but there are some cases where checking with your doctor first is necessary. A PAR-Q has been designed to identify the small number of people for whom physical activity might be inappropriate without first seeking medical advice. All Information will be kept confidential.

Please answer the following questions truthfully and accurately

Has your doctor ever told you that you have heart trouble?	YES / NO
Do you frequently have pains in your heart and chest?	YES / NO
Do you often feel faint or have spells of severe dizziness?	YES / NO
Do you have high or low blood pressure that you are aware of?	YES / NO
Do you suffer from any joint or muscular problems or injuries?	YES / NO
Do you suffer from Diabetes or Epilepsy?	YES / NO
Do you have Asthma or any breathing disorder?	YES / NO
Have you ever experienced a stroke?	YES / NO
Are you taking any prescribed or over the counter medication?	YES / NO
Are you recovering from any illness or operation?	YES / NO
Are you over the age of 65 and not accustomed to vigorous exercise?	YES / NO
Are you pregnant or have you given birth in the last 6 months?	YES / NO
Do you know of any other reason why you should not engage in regular exercise?	YES / NO
If you have answered YES to any of the above questions, please provide full details below:	

Formal Declaration:

I acknowledge that I have not withheld any relevant information relating to my present health status and that I take part in any recommended programme entirely at my own risk. Should any of the answers to the above questions change, I shall inform a member of staff in writing.

I am happy to receive promotional material from 'That Yoga Place with Louise'.	YES / NO
I am happy to be included in photos/videos for use in promotional material.	YES / NO
I have read and understood my welcome email and associated attachments.	YES / NO

Signed: _____ **Date:** _____

FOR STAFF USE ONLY		
Cleared to exercise	YES / NO	
Referred to Doctor	YES / NO	Reason: