

Physical Activity Readiness Questionnaire (PARQ)

Client Name:	Date of Birth:		
Email:	Phone:		
Emergency Contact:	Phone:		
check with their doctor before the the PAR-Q will tell you if you shou	d healthy. Being more active is very safe for most peopley start becoming much more physically active. If you are all check with your doctor before you significantly changed are not used to being very active, check with your docindicating YES or NO.	e between the ages o ge your physical activi	of 15 and 69, ity patterns.
This information will be stored sec	curely adhering to the General Data Protection Regulation	ons.	
HEALTH QUESTIONS		YES	NO
Has your doctor ever said you had activity recommended by a doc	ave a heart condition and that you should only do phystor?	sical	
Do you feel pain in your chest w	hen you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		ty?	
Do you lose balance because of dizziness, or do you ever lose consciousness?			
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?		nde 🔲	
Is your doctor currently prescribing medication for your blood pressure or heart condition?		on?	
Do you know of any other reaso	on why you should not take part in physical activity?		
If YES, please comment			
If you answered YES to one or r You should consult with your doct your current state of health.	more questions: tor to clarify that it is safe for you to become physically a	active at this current t	ime and in
If you answered NO to ALL of t It is reasonably safe for you to par appraisal can help determine you	rticipate in physical activity, gradually building up from y	our current ability lev	el. A fitness
I have read, understood and accu acceptable level of exercise, and i	rately completed this questionnaire. I confirm that I am my participation involves a risk of injury.	voluntarily engaging	in an
Signature:	Print Name:	Date:	
Having answered YES to one of exercise.	the questions above, I have sought medical advice an	nd my GP has agreed	that I may
Signature:	Print Name:	Date:	

NOTE: This PARQ becomes invalid should your condition change.