

# Physical Activity Readiness Questionnaire



## Client Information

<b>Name</b>	
<b>Date of Birth</b>	
<b>Telephone Number</b>	
<b>Email</b>	
<b>Emergency Contact</b>	
<b>Emergency Contact Telephone Number</b>	

Questions		
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	Yes / No
2	Do you feel pain in your chest when you perform physical activity?	Yes / No
3	In the past month, have you had chest pain when not performing any physical activity?	Yes / No
4	Do you lose balance because of dizziness or do you ever lose consciousness?	Yes / No
5	Do you have a bone or joint problem that could be made worse by changing your physical activity?	Yes / No
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	Yes / No
7	Do you know of any reason why you should not engage in physical activity?	Yes / No

*If you have answered Yes to any of the above questions, talk with your doctor before you start becoming much more active. Tell your doctor about which questions you have answered "yes" to on this PARQ.*

*By signing this document I hereby confirm that I have answered all of the above questions truthfully and to the best of my knowledge and that any questions I have asked have been answered to my full satisfaction.*

Client's Name: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Doctors Note Supplied:            Yes            No

By signing below you accept that you understand there are risks involved when undertaking physical activity and do so at your own risk.

Print:.....

Signature:.....

Date:.....