

## Physical Activity Readiness Questionnaire (PAR-Q)

| Name:               | Gender: |
|---------------------|---------|
| Email address:      | Age:    |
| Contact number:     |         |
| Next of kin's name: |         |

**Emergency Contact number:** 

This PAR-Q is designed to help you to help yourself. Many benefits are associated with regular exercise, and completion of the PAR-Q form is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose a problem or hazard. The PAR-Q has been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these questions.

| 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. Do you feel 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. Do you lose your balance because of dizziness or do you ever lose consciousness?  | YES/NO |
| 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity? | YES/NO |
| 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?               | YES/NO |
| 7. Do you know of any other reason why you should not do physical activity?  | YES/NO |



If you have answered YES to any of the above questions, then you are required to gain consent from your doctor before participating in the group exercise to music session.



Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant talk to your health care practitioner, your physician, a qualified exercise professional, before becoming more physically active.
- Your health changes talk to your doctor or qualified exercise professional before continuing with any physical activity program.



If you have answered NO to all the above questions and you have reasonable assurance of your suitability for exercise, **sign the participant declaration below**.

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- If you are over the age of 45 years and NOT accustomed to regular vigorous to maximal sort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

## **Participant Declaration**

All persons who have completed the PAR-Q+ please read and sign the declaration below. If you are less than the legal age required for consent or require the assent of a care provider, your parent/guardian or care provider must also sign this form.

| Client's                            | Date:  |   |
|-------------------------------------|--|---|
| signature:                          |  |   |
| Witness's                           | Date:  |   |
| signature:                          |  |   |
| Signature of                        | Date:  |   |
| Parent/guardian/care provider:      |  |   |
| care provider.                      |  |   |
|                                     | epted for any loss of or damage to any articles, which y<br>ally, liability is not accepted for loss of or damage to m<br>be are left at the owner's risk.               |   |
| physical activity applies or become | I condition, discomfort or injury which may be affected les applicable at any time when I am participating in a g with my doctor to ensure I am able to participate in t | 1 |
| Signed:                             |  |   |
| Print Name:                         |  |   |
| Address:                            |  |   |
| Post Code:                          |  |   |
| Date:                               |  |   |