

# Physical Activity Readiness Questionnaire (PAR-Q)

Please email the completed form to [hmbslimited@gmail.com](mailto:hmbslimited@gmail.com). All forms are confidential and will be stored securely.



For everyone between the ages of 16 and 69, this form will tell you 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. Please read carefully and answer each one honestly. Once finished, please sign either Declaration A or B as pertains to you.

Name:	Date of birth:
Email:	Phone number:
Emergency contact:	Emergency number:

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?		
Do you feel pain in your chest when performing physical activity?		
In the last month, have you experienced chest pain when NOT performing physical activity?		
Do you lose your balance because of dizziness or have you lost consciousness recently?		
Do you have any bone or joint problems, such as arthritis, which could be aggravated through physical activity?		
Is your doctor currently prescribing you medications for high blood pressure or a heart condition?		
Have you had an operation in the last 12 months?		
Is there any reason why you should NOT participate in physical activity?		

If you answered YES to any question, please state the reason below:

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## A: If you answered YES to any question

## B: If you answered NO to all questions

If you answered YES to one or more questions, are older than age 40 and have been inactive or are concerned about your health, please consult your doctor before taking a fitness test or substantially increasing your physical activity. You should ask for 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.

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 becoming more active.

### Declaration A:

I have read, understood and accurately completed this questionnaire. Having answered YES to one or more of the above questions, I have sought medical advice and my GP has agreed that I may exercise.

Client:	Date:
Instructor:	Date:

If you answered NO to all the above questions, you can reasonably assume that you can exercise safely and that you have a low risk of 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.

This physical activity clearance remains valid during the term of your membership. However, if there are any changes to your health that would involve you answering YES to any question, you must immediately inform us. You will then be asked to complete a new health questionnaire which will require you to confirm you have been cleared to exercise.

### Declaration B:

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise and that my participation involves a risk of injury.

Client:	Date:
Instructor:	Date: