

YOUR LOGO

PAR-Q

Please fill in the below Physical Activity Readiness Questionnaire (PAR-Q) to ensure you are fit to train without seeking prior medical advice. Please read each question carefully and answer honestly – our primary aim is always HEALTH and performance.

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you feel or suffer with pain in your chest during physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. In the past month have you suffered with chest pain when not doing physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you suffer with dizziness or ever lose consciousness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you have bone or joint problems that could be made worse in change of physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you currently taking any medication for your blood pressure or a heart condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you know of any other reason as to why you should not do physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered YES to any of the above questions, please seek medical advice before taking part in any physical activity.

In signing this document, you have stated that you are fit and healthy to train.

“I have read, understood, and completed the above questionnaire to my full satisfaction.”

Name: _____

Signature: _____

Date: _____

Email Address: _____