

## Par- Q and You

**Name :** ..... **1st Class attended**.....

Physical Activity Readiness Questionnaire – PAR-Q – Pre- Exercise Health Screening & Informed Consent  
Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the nine questions in the box below. If you are aged between 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Tick **YES** or **NO**

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical Activity recommended by a doctor? If yes, is it controlled by drugs? <b>YES - NO</b> (please circle)		
Have you ever/do you currently feel pain in your chest when you do physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Have you ever had or do you have an injury or disc/bone/joint problem including breaks, if <b>YES</b> , please advise..... if <b>YES</b> could this be made worse by physical activity? <b>YES - NO</b> (please circle)		
Has your doctor ever told you or are you aware that you have HIGH/LOW Blood Pressure( <b>CIRCLE</b> ) If <b>yes</b> , is it controlled by drugs? <b>YES - NO</b> (please circle)		
Have you ever or do you suffer from epilepsy - diabetes - asthma - coeliac etc?(please circle or give details)		
Are you pregnant or have you had a baby in the last 3 months? If <b>YES</b> , have you sought your Doctor's advice regarding returning to exercise? Please advise.....		
Are you taking any medication? If <b>YES</b> please list <b>ALL</b> medication and its purpose (use the reverse of this form if required)		
Please list any other medical condition/treatment received (ie. cancer/serious illness/operations)		
Do you know of any other reason why you should not do physical activity?		

### IF YOU ANSWERED.....

NO to all questions	YES to one or more of the questions
<p>If you answered <b>NO</b> honestly to all PAR-Q Questions, you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> <li>• Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.</li> <li>• Take Part in a fitness appraisal – this is an excellent way to determine your basic fitness so you can plan the best way to live actively</li> </ul>	<p>Talk to your doctor by phone or in person <b>BEFORE</b> you start becoming much more physically active or <b>BEFORE</b> you have a fitness appraisal. Tell your doctor about the PAR-Q and to which questions you answered YES.</p> <ul style="list-style-type: none"> <li>• You may be able to do any activity you want- as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you.</li> <li>• Talk with your doctor about the kinds of activities you wish to participate in and follow their advice.</li> </ul>
<p><b>Please note:</b> If your health changes so that you then answer <b>YES</b> to any of the above questions, tell your fitness or health professionals. Ask whether you should change your physical plan.</p>	<p><b>DELAY BECOMING MUCH MORE ACTIVE:</b></p> <ul style="list-style-type: none"> <li>• If you are not feeling well because of a temporary illness such as cold or fever – wait until you feel better, or:</li> <li>• If you are or may be pregnant – talk to your doctor before you start becoming more active.</li> </ul>

Informed use of the Par-Q: Julie Cross assumes no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**Informed Consent:**

I hereby state that I have read, understood and answered honestly the PAR-Q questions overleaf, and any questions I had were answered to my full satisfaction. I also state that I wish to participate in activities that may include aerobic exercise, resistance/conditioning exercises and stretching. Whilst every effort is made to keep the class safe and enjoyable, I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in exercise of my own free will. I understand that on occasions there may be a cover instructor. I will inform the instructor of any changes to the information supplied

Signature..... Date.....

DOB..... AGE ..... Profession .....

Your details		Emergency Tel	
Name		Name	
Mobile Number		Mobile/Home	
Email		Relationship	

**Please sign here** ..... **to Opt IN** to receiving relevant information regarding Julie Cross Fitness and Pilates Classes. Please note that I will only use the information above in case of emergency or class updates (e.g. class cancellations/holiday closure, illness/ injury in a class, occasional class promotions)

Please record any additional information (e.g. medication etc) here or on the reverse of this page

How/where did you hear about my classes please circle

Website
  Word of mouth
  Leaflet
  Notice board

**I have read the new data protection policy (GDPR with effect from 25/5/18) for Julie Cross Fitness and Pilates classes and understand how my information will be stored/recorded.**

Signature of class member..... dated .....

**For instructor only** further information discussed with the client

Date .....