

Health Questionnaire (PAR – Q)



First Name _____
Surname _____
D.O.B _____
Address _____
Tel Home / Mob _____
Email _____
N.O.K _____ Tel: _____

Please read these questions carefully and circle **YES** or **No** opposite the question

1. Has your doctor ever said you have heart trouble? YES / NO
2. Do you experience pains in your chest when you do physical activity? YES / NO
3. Do you ever feel faint or have spells of severe dizziness? YES / NO
4. Has a doctor ever said your blood pressure was too high? YES / NO
5. Has your doctor ever told you that you have a bone or joint problem(s) such as arthritis that has been aggravated by exercise, or might be made worse with exercise? YES / NO
6. Do you suffer from any problems of the lower back i.e., chronic pain, or numbness? YES / NO
7. Are you currently pre or post-natal? YES / NO
8. Are you currently taking any medications? YES / NO
9. Do you suffer from diabetes / epilepsy? YES / NO
10. Do you currently have a disability or a communicable disease? YES / NO
11. Have you been in hospital or had any type of surgery in the last 3 years? YES / NO
12. Are you asthmatic or do you suffer from breathing difficulties? YES / NO
13. Have you ANY medical condition which you feel I should be aware of or could prevent you following a physical exercise program? YES / NO

If you answered YES to any question above then please provide further information below

If you answered **YES** to any of the above questions this may be a contra-indication to exercise and you may need written permission from your General Practitioner (GP) before participating in physical and aerobic fitness activities and/or fitness evaluation testing. Please seek advice from your surgery/practice nurse or GP if you have any doubts.

If you answered **NO** to all questions above, it gives me a general indication that you may participate in physical and aerobic activities. The fact that you answered **NO** to the above question is no guarantee that you will have a normal response to exercise. If you feel any unusual discomfort or pain at any time during the sessions then please let us know.

IF IN DOUBT THEN PLEASE USE A COMMON SENSE APPROACH.

Please Note: If there are any changes to your health and/or fitness it is your responsibility to inform us before the commencement of any training session.

Print Name _____ Date _____

Signature _____ (Parent / Guardian if under 18)