

Physical Activity Readiness Questionnaire (PAR-Q)

Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical exercise in your life. For most people, physical activity should not pose any problem or hazard. The PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice concerning the type of activity most suitable for them.

1. Do you have a bone or joint problem such as arthritis, which has been aggravated by exercise or might be made worse with exercise?	YES	NO
2. To your knowledge, do you have high blood pressure?	YES	NO
3. To your knowledge, do you have low blood pressure?	YES	NO
4. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	YES	NO
5. Have you felt pain in your chest when you do physical exercise?	YES	NO
6. Is your doctor currently prescribing you drugs or medication for blood pressure or a heart condition ?	YES	NO
7. Have you ever suffered from shortness of breath at rest or with mild exercise?	YES	NO
8. Do you ever feel faint, have spells of dizziness or have ever lost consciousness?	YES	NO
9. Are you, or is there any possibility that you might be pregnant?	YES	NO
10. Do you know of any other reason, from your own experience or from your doctors' advice why you should not participate in a programme of physical activity?	YES	NO

If you have answered YES to any of the above please give details:.....

.....

If you answered YES to one or more questions:

If you have not already done so, consult with your doctor by telephone or in person before participating in a Sunshine Jogging session. Inform your doctor of the questions that you answered 'yes' to on the PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your doctor as to your suitability for:

1. Unrestricted physical activity starting off easily and progressing gradually, and ...
2. Restricted or supervised activity to meet your specific needs, at least on an initial basis.

Please download the [Doctor's Consent form](#) (link) and take it to your Doctor to sign

If you answered NO to all questions:

If you answered the PAR-Q honestly and accurately, you have reasonable assurance of your present suitability for participation in a Sunshine Jogging session.

Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involve the risk of injury and even the possibility of death. I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Client's Name (Print):	Trainer's Name:
Client's Signature:	Trainer's Signature:
Date:	Date: