



**Physical Activity Readiness Questionnaire (PAR-Q)**

Please circle 'YES' or 'NO' to show answer

Name : \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Email : \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name : \_\_\_\_\_ Phone: \_\_\_\_\_

If you have answered “Yes” to one or more of the above questions, consult your Doctor before engaging in physical activity. Tell your Doctor which questions you answered “Yes” to. After a medical evaluation, seek advice from your Doctor on what type of activity is suitable for your current condition.

Gravity Fitness Ltd, requires you to tell your class instructor of any reason you may have a difficulty performing exercises set for you. This may mean they need to give you an adapted exercise or they may not be able to accept you into the class. It is for your best interests and safety to be open and honest when reporting any medical / physical history that is relevant to ensure all participants are safe and healthy throughout their session.

1) Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	YES / NO
2) Do you feel pain in your chest when you perform physical activity?	YES / NO
3) In the past month, have you had chest pain when you were not performing any physical activity?	YES / NO
4) Do you lose your balance because of dizziness or do you ever lose consciousness?	YES / NO
5) Do you have a bone or joint problem that could be made worse by a change in your physical activity? Has your Doctor recommended you not perform weight bearing exercise or impact exercise?	YES / NO
6) Is your doctor currently prescribing any medication for your blood pressure or for a heart condition the is NEW to you?	YES / NO
7) Have you recently developed a heart, lung or blood pressure condition that is still considered unstable?	YES / NO
8) Do you know of any other reason why you should not engage in physical activity?	YES / NO

Please sign and date at the bottom of this page to certify that you believe to all present knowledge you have completed this document honestly. Please be aware it is your responsibility to stop any activity if you feel unwell or have sudden pain and to alert a member of the team as soon as possible. Safety is paramount to fitness and overall health at Gravity Fitness Ltd, we strive you ensure all participants are only undertaking activity they are physically fit and able to participate in - Thank you for your co-operation.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_