

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. Your responses will of course, be kept in the strictest of confidence. The form **MUST** be completed to participate in classes with WENDYHOLLANDSFITNESS.COM.

NAME: EMAIL:

MOBILE: EMERGENCY CONTACT No & RELATIONSHIP.....

Please circle the following answers:-

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. Do you have high blood pressure?	YES	NO
3. Do you have low blood pressure?	YES	NO
4. Do you have Diabetes or any other metabolic disorder?	YES	NO
5. Do you have or ever suffered a heart condition?	YES	NO
6. Have you ever felt pain in your chest when you do physical exercise?	YES	NO
7. Is your doctor currently prescribing you drugs or medication for health reasons?	YES	NO
8. Do you ever feel faint, have spells of dizziness or ever lost consciousness?	YES	NO
9. Are you pregnant or have had a baby in the last 6 months?	YES	NO
10. Do you know of any other reason why you should not participate in physical activity?	YES	NO

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

.....
YES to one or more questions:

If you have not already done so, consult with your doctor by telephone or in person before increasing your physical activity. 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.

NO to all questions:

If you answered the PAR-Q honestly and accurately, you have reasonable assurance of your present suitability for: A graduated exercise programme.

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 involves 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.

Additional Note:

I have taken medical advice and my doctor has agreed that I should exercise.

Signature:.....Date:.....

PLEASE ANSWER THE SHORT FEEDBACK QUESTIONNAIRE OVERLEAF FOR YOUR CHANCE TO WIN A **FREE** MONTHLY MEMBERSHIP WITH WENDYHOLLANDSFITNESS.COM