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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

The information contained within this form will help us decide whether you are safe to train or not. If there is any doubt regarding your fitness to train you should consult your GP. If you are over 69 years of age and are not used to being very active, please check with your doctor prior to commencing any physical exercise. Once you have completed your PAR-Q please bring it with you to your first session – FX Fitness reserves the right not to train you or conduct any physical exercise with you without this information.

Note: This information will be kept confidentially and only accessed by FX Fitness personal trainers. For data protection information, please consult our Terms & Conditions on our website.

SECTION 1 - PERSONAL DETAILS

TITLE _____ FIRST NAME _____ SURNAME _____

DATE OF BIRTH _____ AGE* _____ GENDER M _____ F _____

*If you are under 18 this form must be signed by your parent/guardian

ADDRESS _____

TELEPHONE _____ EMAIL _____

EMERGENCY CONTACT DETAILS

I appoint the following person my emergency contact and authorise FX Fitness to contact said person for or with information about me in case of an emergency.

NAME _____ RELATIONSHIP _____ CONTACT NUMBER _____

SECTION 2 – HEALTH QUESTIONS - Please read the following questions carefully and answer each one honestly.

1. Are you over 69 years of age?	<input type="radio"/> YES <input type="radio"/> NO
2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="radio"/> YES <input type="radio"/> NO
3. Do you feel pain in your chest when you do physical activity?	<input type="radio"/> YES <input type="radio"/> NO
4. In the past month, have you had chest pain when you were not doing physical activity?	<input type="radio"/> YES <input type="radio"/> NO
5. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="radio"/> YES <input type="radio"/> NO
6. Is there a history of coronary disease in your immediate family?	<input type="radio"/> YES <input type="radio"/> NO
7. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	<input type="radio"/> YES <input type="radio"/> NO
8. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?	<input type="radio"/> YES <input type="radio"/> NO
9. Do you have any chronic illness or physical limitations such as asthma, diabetes or epilepsy?	<input type="radio"/> YES <input type="radio"/> NO
10. Have you ever been turned down for any exercise referral scheme?	<input type="radio"/> YES <input type="radio"/> NO
11. Are you pregnant, or have given birth within the last 6 months?	<input type="radio"/> YES <input type="radio"/> NO
12. Do you suffer/have suffered from eating disorders?	<input type="radio"/> YES <input type="radio"/> NO
12. Have you had surgery recently?	<input type="radio"/> YES <input type="radio"/> NO
13. Do you know of any other reason why you should not do physical activity?	<input type="radio"/> YES <input type="radio"/> NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE REFER TO SECTION 3 OVERLEAF.

IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PLEASE REFER TO SECTION 4 OVERLEAF.



SECTION 3

If you answered **YES** to any of the questions in section 2, talk to your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES.

- 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. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

SECTION 4

If you answered **NO** honestly to all the questions in section 2, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way to for you to live actively. It is also highly recommended that you have your blood pressure evaluated; high levels may mean you should consult with your doctor before becoming more physically active.

Delay becoming much more active if you are not feeling well because of a temporary condition such as a cold or a fever – wait until you feel better;

Note: This physical activity clearance is valid for 12 months from the date above and becomes invalid if your condition changes to YES to any of the questions in Section 2. If your health changes at any time after completing this questionnaire such that you would answer YES to one of the questions then tell your FX Fitness or a health professional. Ask whether you should change your physical activity plan.

SECTION 5 - LIFESTYLE RELATED QUESTIONS - Please read the following questions carefully and answer each one honestly.

1. Do you smoke? If yes, please state quantity here _____ YES NO
2. Do you drink alcohol? If yes, please state approx units per week here _____ YES NO
3. Do you suffer/have suffered from eating disorders? YES NO
4. How many hours do you regularly sleep at night? _____
5. Describe your job - Sedentary Active Physically Demanding
6. On a scale of 1-10, how would you rate your stress level (1=very low ,10=very high)? _____
7. Please describe your current weekly activity and exercise levels in terms of type and duration, and give examples.

8. If there is any other information that you would like us to know please add this here.

SECTION 6 - DECLARATION

I confirm I have read and understood this PAR-Q and have completed it to the best of my knowledge. I confirm that I take part in the training sessions at my own risk. I hereby absolve FX Fitness from all liability however caused from any injury or damage sustained by me through the use of the premises or from my participation in any physical exercise. I hereby indemnify any claim, cost or damages in respect of any action brought by me or by personal representatives in respect of participation in physical activity.

NAME _____ DATE _____

SIGNATURE _____

IF UNDER 18, SIGNATURE OF PARENT/GUARDIAN: _____

Having answered YES to any of Section 2, I have sought medical advice and my GP has agreed that I may exercise.

SIGNATURE _____

THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE