

Please print, complete and bring this form with you to your first personal training session. It is essential that you bring a signed copy of this form with you on the day of your first session.

If you answer 'yes' to any of the questions on the PAR-Q form, please contact Katie at your earliest convenience, as failing to do so may affect your ability to take exercise at our first appointment.

PAR-Q Physical Activity Readiness Questionnaire

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

Common sense is the best guide in answering these few questions:-

- Has your doctor ever informed you that you have a heart condition? YES/NO
- Do you have a history of High or Low blood pressure? YES/NO
- Do you frequently have pains in your heart or chest? YES/NO
- Do you suffer from back pain that has caused you to seek medical advice? YES/NO
- Do you often feel faint or have spells of severe dizziness? YES/NO
- Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse by exercise? YES/NO
- Are you pregnant or have you given birth within the last 6 months? YES/NO
- Have you had any significant medical conditions (e.g. Diabetes, Epilepsy) Surgical operations or injuries? YES/NO
- Do you take any drugs or medication? YES/NO
- Has your doctor ever advised you not to exercise? YES/NO
- Is there any other reason, not mentioned here already, why you should not take part in physical activity? YES/NO

If you answered **YES** to any of these questions please give details

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If you answered **YES** to one or more questions:-

If you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity and/or taking a fitness appraisal. Tell your doctor which questions you answered with **YES** or take a copy of this **PAR-Q** with you.

After medical evaluation, seek advice from your doctor regarding your suitability for:

1. Unrestricted physical activity starting easily and progressing gradually - or
2. Restricted or supervised activity to meet your specific needs, at least initially.

If you answered **NO** to all the questions you can be reasonably assured of your suitability for

1. A graduated exercise programme - and
2. A fitness appraisal

Please read carefully the following statement and sign where appropriate.

In signing this document, I agree that I have read and understand the Lewesfit Privacy Policy at www.lewesfit.com

Assumption of Risk

I confirm that I have read, understood and answered honestly the questions above. I also confirm that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I am aware that my participation in these activities involves the risk of injury and even the possibility of death. I confirm that I shall hold neither Katie Weir nor Lewesfit responsible for any injury or even death resulting from the training programme undertaken. Furthermore, I confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Client's Name:	Trainer's Name:
Clients Signature:	Trainer's Signature:
Date:	Date:

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

Name (please print): _____

Contact details: _____

Signature: _____

Date: _____