

Physical Activity Readiness Questionnaire (PAR-Q) & Informed Consent

To participate in a group exercise class or 1:1 training session with Tori Fae Fitness, you are required to complete a PAR-Q. This is to ensure that you are in good health to undertake physical activity, or to ensure that if your instructor is aware of any injuries you may have to make adjustments for you.

For most people small adjustments to a our session plans are sufficient, but the PAR-Q is designed to identify the small number of people for whom our sessions might not be appropriate, or those who should seek medical advice concerning the type of activities most suited to them.

Please answer the following questions honestly.

1. Personal Details

Surname

Given Names

Address

Postcode

Age

D.O.B

Phone

Mob

1. Do you have a bone or joint problem, such as arthritis, that has been aggravated by, or may be made worse by, exercise?
2. Do you have high blood pressure?
3. Do you have low blood pressure?
4. Are you diabetic?
5. Do you, or have you ever suffered with Rheumatic Fever?
6. Do you have raised cholesterol (above 6.2mmol/L)?
7. Do any of your first-degree relatives have raised cholesterol?
8. Do you have a heart condition? If yes, has your doctor recommended you only do physical activity recommended by a doctor?
9. Is there a history of coronary heart disease in your family?

10. Have any of your first-degree relatives experienced a heart attack?

10. a) Heart Operation?

10. b) Congenital heart disease?

11. Have you ever felt pain in your chest when you do physical exercise?

12. Do you, or have you ever suffered with Asthma?

13. Do you suffer with palpitations?

14. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?

15. Do you, or have you ever suffered with Epilepsy?

16. Do you sometimes feel faint? Have spells of dizziness? Or have lost consciousness?

17. Do you suffer with frequent colds?

18. Do you suffer with constipation?

19. Do you suffer with headaches/migraines?

20. Are you, is there is any possibility you may be pregnant?

21. Are you currently being prescribed drugs or medication?

22. Have you ever had surgery?

23. Have you ever broken any bones?

24. Do you suffer from back pain?

25. Do you experience numbness, tingling or stabbing pains anywhere?

26. Do you have tension or soreness in any specific area?

27. Do you know of any other reasons why you should not undertake a physical activity programme?

If you answered yes to any of the above, please give details:

Based on the answers you have given, should we both feel that it is advisable and/or necessary, to consult your doctor for further advice regarding your suitability for physical activity, please sign here to confirm that you will contact your doctor. **N.B. should you already have done this prior to this assessment; please sign the Confirmation Note instead.**

Client Signature

Client Name

Date

Confirmation note

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

Client Signature

Client Name

Date

If you answered no to all questions please sign the declaration below.

Assumption of Risk / Informed Consent

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. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

I understand that I will be taking part in a range of physical training challenges in my endeavours with a trainer and I also accept that the responsibility is mine. I understand the risks and the benefits. I also acknowledge that the training party has informed me of the fact they will take measurements and sensitive information and will treat this with respect in accordance to the Data Protection guidelines.

By completing and submitting this form, you are also acknowledging that if you arrive late to a session, Tori Fae Fitness has no opportunity to screen you for your current health status and Tori Fae Fitness accepts no liability in this instance.

Client Signature

Trainers Signature

Client Name

Trainers Name

Date

Date