

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

Client: .....  
(Print & sign)

StreetGym® Trainer: .....  
(Print & sign)

If you are between the ages of 15 and 69, this PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Common sense is your best guide when answering these questions. Please read carefully and circle each answer honestly:

Circle YES or NO.

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes      No

2. Do you feel pain in your chest when you do physical activity?

Yes      No

3. In the past month, have you had a chest pain when you were not doing 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 (for example, back, knee, or hip) that could be made worse by a change in your physical activity?

Yes      No

6. Is your doctor currently prescribing medication for your blood pressure or heart condition?

Yes      No

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**7. Do you know of any other reason why you should not do physical activity?**

Yes      No

**If you have answered yes to any questions, please elaborate/comment below:**

**Answered YES to one or more questions:**

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

**Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.**

Signature:

.....

Date:

.....

**Answered NO to all questions:**

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

This now gives a general indication that you may participate in physical fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise. If you feel any type of unusual discomfort or pain during the sessions then please inform the StreetGym® instructor. If in any doubt please speak to your StreetGym® trainer before the start of the session.

**Waiver liability; Please read, print and sign**

StreetGym® trainers assume no liability for persons injured during a session. If any medical or other conditions arise that could affect your training with us, you must let us know immediately. If you have any doubts, please consult your doctor prior to physical activity. All exercise, nutritional and well-being advice given to you by any persons associated with StreetGym® is taken at your own risk. By signing your name and today's date below you agree by these terms.

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I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in exercise sessions. The classes at StreetGym® may be physically strenuous and I am participating in them with full knowledge that there is risk of personal injury.<sup>1</sup>

Print Full Name:

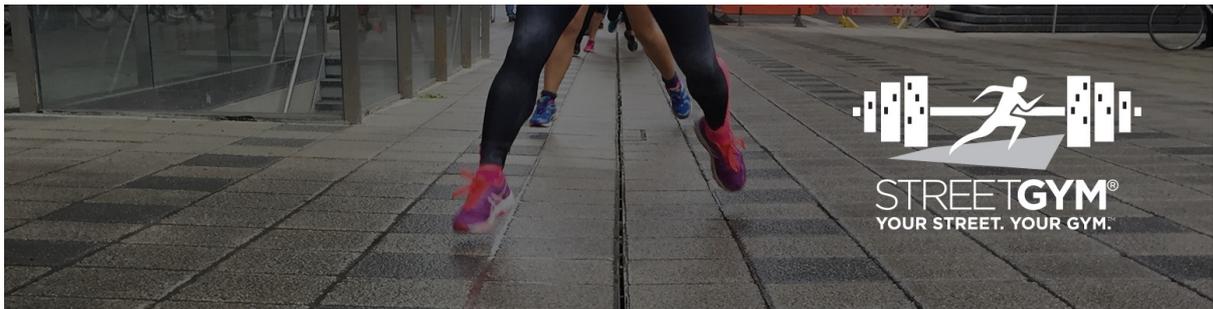
.....

Sign:

.....

Date:

.....



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<sup>1</sup> This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.

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