

PERSONAL TRAINING PRE-ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)



CLIENT INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Male Female

Emergency Contact: _____ Phone: _____

Answer the following questions as honestly as you can and provide as much relevant additional information.

MEDICAL QUESTIONS:

Do you currently or have you ever suffered from any of the following conditions?:

Heart problems? Yes No

If yes, please provide details below:

Circulatory problems? Yes No

Blood pressure problems? Yes No

Joint, movement problems? Yes No

Feel dizzy or imbalance during exercise? Yes No

Currently pregnant or recently given birth? Yes No

HEALTH HISTORY:

Do you currently receive medical care or do any of the following affect you?:

Back/spinal pain? Yes No

If yes, please provide details below:

Headaches or migraines? Yes No

Have you recently had surgery? Yes No

Currently being prescribed medication? Yes No

Recently finished a course of medication? Yes No

Diabetes? Yes No

Asthma or breathing problems? Yes No

Is there is any other reason that you believe may prevent you from taking part in any regular activity?:

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If you answered "Yes" to any of the questions above, it is recommended that you consult with your healthcare provider before starting any physical activity.

Additionally, suppose you are over 40, inactive, or have other health concerns. In that case, it is also recommended that you consult with your healthcare provider before you begin any physical activity program.

It's also important to remember that physical activity is integral to a healthy lifestyle and can provide numerous health benefits, such as reducing the risk of chronic diseases, improving cardiovascular and musculoskeletal health, and promoting mental well-being.

If you answered "No" to all of the questions above, it is generally safe to begin a physical activity program. However, it is still recommended that you start slowly and gradually increase the intensity and duration of your activity as your fitness level improves.

Remember to listen to your body and stop any activity that causes pain or discomfort. Always warm up and cool down before and after exercising, and stay hydrated by drinking plenty of water.

Using the PAR-Q as a screening tool and consulting with your healthcare provider as needed, you can safely and effectively incorporate physical activity into your daily routine and enjoy its many benefits.

Participant Declaration

I have honestly answered all questions in this form. I am aware that if I have answered yes to any of the questions, I will need to consult my Doctor before commencing an exercise program. If I am affected by any of the questions mentioned in this form now or at a later date, I agree to inform my personal trainer or instructor of any changes in health or fitness.

SIGNATURE: _____
Client

DATE: _____

SIGNATURE: _____
Trainer

DATE: _____

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Pre-Activity Readiness Questionnaire & Health History - Action Required for **YES** Responses

What is the PARQ, and why do I need to complete it?

The PARQ (Pre Activity Readiness Questionnaire) is an industry-standard for fitness professionals and instructors to use when screening clients for exercise.

This is to ensure that you (the client) are healthy and will not be put at risk from participating in a fitness program or regular exercise.

Fitness professionals are not medical professionals and cannot commence a fitness program with a client who has provided positive responses to a PARQ. In this case, the client will be referred to their local Doctor to ensure they are ready for exercise.

A YES to the first 6 questions on the PARQ form overleaf will normally result in a referral to your Doctor; however, a YES response to questions 7 to 13, depending on the circumstances of each question, will not normally require Doctor consent.

The guide below is our policy, and we must enforce it on all occasions with no exceptions.

Action Required for YES Responses to PAR-Q Questions

1. Heart problems? **Refer to Doctor**
2. Circulatory problems? **Refer to Doctor**
3. Blood pressure problems? **Check blood pressure**
 - o If blood pressure is lower than 160/95 mmHg, no referral is necessary
 - o If blood pressure is between 140/90 and 160/95, induct on CV only (Advice to see Doctor)
 - o If blood pressure is between 160/95 and 180/100, accept on Doctor referral only
 - o If blood pressure is 180/100 or higher will not be accepted
4. Joint movement problems? **Refer to Doctor**
5. Feel dizzy or imbalanced during exercise? **Refer to Doctor**
6. Currently pregnant or recently given birth? **Ask more questions about pregnancy/birth:**
 - o If pregnant and after the first three months, no referral is necessary
 - o If pregnant within the first three months and was exercising regularly before becoming pregnant, no referral is necessary.
 - o If pregnant within the first three months and not already exercising regularly, refer to Doctor.
 - o If had a natural birth less than 6 weeks ago, refer to Doctor
 - o If had a section less than 10 weeks ago, refer to the Doctor

Action Required for YES Responses to Health History Questions

1. Back/spinal pain? Find out limiting factors, i.e., movement and pain. If in doubt, refer to the Doctor.
2. Headaches or migraines? Be aware that people who suffer from headaches on a regular basis may develop a headache caused by exercise while exercising.
3. Have you recently had surgery? Find out how recent surgery was and what it was if very recent refer to Doctor.
4. Currently being prescribed medication? Find out more information about the medicine and possible side effects. If in doubt, refer to the Doctor.
5. Recently finished a course of medication? Find out about the medication that was taken. If in doubt, refer to Doctor.
6. Diabetes? Not a limiting factor, but they will need to be aware of the condition, encourage them to carry a snack, and ideally, they should take their blood sugar level before and after exercise. Best not to exercise if their level is too low or too high immediately before exercising. Ensure the client drinks plenty of water before, during, and after exercise. If in doubt, refer to the Doctor.
7. Asthma or breathing problems? If the inhaler is required, ensure they have it with them and re-schedule induction if they don't.

PERSONAL TRAINING LIABILITY WAIVER



CLIENT INFORMATION:

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Training Facility Name: The Outer Limits Health Club

Training Facility Address: 76 Cotton Mill Hill, C-109, Brattleboro, VT 05301

Do you have any physical limitations that could be aggravated by exercise (e.g., back, neck, shoulder, or knee problems)?

If so, please explain: _____

It is my responsibility to inform my trainer of any physical limitations before beginning a training program.

I represent and warrant that I am in good physical health and do not suffer from any medical condition that would limit my participation in training offered at The Outer Limits Health Club. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any personal training, fitness training, or group training. I understand the risks associated with the activities offered by The Outer Limits Health Club. I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in personal training, fitness training, or group training.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print Name: _____ Signature: _____

Date Signed: ____/____/____

If participant is under 18: As Parent of Legal Guardian of _____,
I consent to the above terms and conditions.

Print Name: _____ Signature: _____

Date Signed: ____/____/____