

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q)

NAME & SURNAME	
ID NUMBER	
CONTACT NUMBER	
PHYSICAL ADDRESS	
EMAIL ADDRESS	
EMERGENCY CONTACT PERSON & CONTACT NUMBER	

PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY AND TICK IF YOU HAVE EVER HAD ANY OF THE BELOW MENTIONED CONDITIONS:

Have you ever had?

- A Heart attack
- Heart Surgery
- Cardiac catheterization
- Coronary angioplasty
- Heart valve disease
- Heart failure
- Congenital heart disease
- Pacemaker/ implantable defibrillator/ rhythm disturbance

Do you experience symptoms like?

- Pain in chest, neck, jaw, upper limb or upper back when exercising
- Abnormal shortness of breath at rest/ during mild exertion / when lying flat
- Dizziness, fainting or blackouts during / after exercise
- Swollen ankles
- Abnormal heart beats or palpitations
- Long standing leg/ calf pain when exercising that is relieved by rest

Do you have health issues such like?

- Diabetes
- Type 1 diabetes
- Type 2 diabetes
- Asthma or other lung disease
- Hypertension
- Renal disease
- Take prescription medication/s

The responses set out in this document strictly govern your relationship with the fitness facility. Your responses shall not be shared with Virgin Active and Virgin Active Partners.

List the medication and reason for taking the medication

Name of Medication	Name of Condition
1)	
2)	
3)	
4)	

Are you pregnant or less than 6 weeks post-natal?

Pregnant

How many weeks pregnant? _____

Up to 6 weeks postnatal

Do you have any physical injury that may prevent or limit you from exercising?

Do you know of any reason why you should not do any physical activity?

Have you been told by a doctor not to exercise in the last 6 months?

If one or more of the above checkboxes are ticked, you are advised to consult with your doctor and get clearance from your doctor before engaging in any physical activity.

Should there be any changes to your health, please advise your instructor or facility management of this.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND COMPLETED THE ABOVE QUESTIONNAIRE.

Signed this _____ day of _____ 20__

Full name and Surname _____

Signature _____

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