

**Confidential Physical Activity Readiness Questionnaire - ParQ**

Name:	
Address:	
Postcode:	
Telephone Number:	
Email:	
Emergency Contact:	

**Please indicate below whether you suffer or have suffered from any of the following:**

- |   |       |
|---|-------|
| 1. High or low blood pressure   | Y / N |
| 2. Asthma   | Y / N |
| 3. Diabetes   | Y / N |
| 4. Epilepsy   | Y / N |
| 5. Arthritis  | Y / N |
| 6. Other Neurological Problems  | Y / N |
| 7. Other Circulatory Problems   | Y / N |
| 8. A Heart Condition  | Y / N |
| 9. Back or Joint Pain   | Y / N |
| 10. Faintness or Dizzy Spells   | Y / N |
| 11. Are you pregnant or have you given birth within the last 12 weeks?  | Y / N |
| 12. Have you had a pacemaker fitted?  | Y / N |
| 13. Have you had any surgery or medical procedure within the last year that may impact on your ability to participate in any physical activity? | Y / N |
| 14. Are you currently taking any prescribed medications that advise you should not exercise,  |       |
| 15. or have side effects that could pose a risk to you participating in any physical activity?  | Y / N |

**If you have answered yes to any of the above please provide additional details below:**

## **Declaration**

Whilst I understand that every precaution will be taken whilst under instruction, I accept full responsibility for my actions and consider myself fit enough to participate in exercise. I can confirm that I have declared all injuries and medical conditions and that if I have answered yes to any of the above I have obtained medical advice and clearance to exercise. I also confirm that I will advise my instructor of any new medical conditions or injuries as they arise BEFORE participating in any exercise.

## **GDPR**

I understand that as part of the terms and conditions of my Personal Trainer's professional insurance this form will be securely stored for up to 5 years. The information on this form will NOT be passed to any third party, accessed by any third party or used for marketing purposes by my Personal Trainer or anyone else. I confirm that I agree to the storage of the personal data contained in this form under these conditions ONLY.

SIGNED:.....

DATE:.....