

PERSONAL DETAILS										
Title		Forename		Surname						
Date of Birth	/	/	Age	Gender*	Male / Female / Other	*delete as appropriate				
Address										
Town		County		Postcode						
Email										
Tel Home		Tel Mobile								
<b>Emergency Contact</b>				<b>Emergency Contact Tel</b>						

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

MEDICAL QUESTIONS					
Do you currently have or have you ever suffered from any of the following conditions?					
1) Heart problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If <b>yes</b> , please provide details below.  <div style="border: 1px solid black; height: 100px;"></div>
2) Circulatory problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
3) Blood pressure problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
4) Joint movement problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
5) Feel dizzy or imbalanced during exercise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
6) Currently pregnant or recently given birth?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

HEALTH HISTORY					
Do you currently receive medical care or do any of the following affect you?					
7) Back / Spinal pain?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If <b>yes</b> , please provide details below.  <div style="border: 1px solid black; height: 100px;"></div>
8) Headaches or migraines?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
9) Have you recently had surgery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
10) Currently being prescribed medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
11) Recently finished a course of medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
12) Diabetes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
13) Asthma or breathing problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

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

DECLARATION					
I have answered all question in this form honestly and I am aware that if I have answered <b>yes</b> to any of the questions I will need to consult my GP 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 on any changes in health or fitness.					
<b>Signed</b>		<b>Print Name</b>		<b>Date</b>	/ /
Instructor		Print Name		Date	/ /

## Pre-Activity Readiness Questionnaire & Health History

## Action Required for YES Responses

### What is the PAR Q and why do I need to complete it?

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

The reason for doing this is to ensure you (the client) is healthy and will not be put at risk from taking part in a fitness programme or regular exercise.

Fitness professionals are not medical professionals and cannot commence a fitness programme with a client who has provided positive responses to a PARQ. In this case, the client will be referred to their local GP 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 GP however a YES response to questions 7 to 13 depending on the circumstances of each question will not normally require GP consent.

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

ACTION REQUIRED FOR YES RESPONSES TO PAR Q QUESTIONS	
Question	Response
1) Heart Problems?	<b>Refer to GP</b>
2) Circulatory problems?	<b>Refer to GP</b>
3) Blood Pressure problems?	<b>Check blood pressure:</b> <ul style="list-style-type: none"> <li>If BP is lower than 160/95 mmHg, <b>no referral is necessary.</b></li> <li>If BP is between 140/90 and 160/95, <b>induct on CV only (Advise to see GP).</b></li> <li>If BP is between 160/95 and 180/100, <b>accept on GP referral only.</b></li> <li>If BP is 180/100 or higher, <b>member will not be accepted.</b></li> </ul>
4) Joint, movement problems?	<b>Refer to GP</b>
5) Feeling dizzy or imbalanced during exercises?	<b>Refer to GP</b>
6) Currently pregnant or recently given birth?	<b>Ask more questions about pregnancy/birth:</b> <ul style="list-style-type: none"> <li>If pregnant and after first 3 months, <b>no referral necessary.</b></li> <li>If pregnant, within first 3 months and was exercising regularly before became pregnant, <b>no referral necessary.</b></li> <li>If pregnant within first 3 months and not already exercising, <b>refer to GP.</b></li> <li>If had a natural birth less than 6 weeks ago, <b>refer to GP.</b></li> <li>If had C-Section less than 10 weeks ago, <b>refer to GP.</b></li> </ul>

ACTION REQUIRED FOR YES RESPONSES TO HEALTH HISTORY QUESTIONS	
Question	Response
7) Back/spinal pain?	Find out limiting factors, i.e. movement and pain. <b>If in doubt refer to GP.</b>
8) Headaches or migraines?	Be aware that people who suffer from headaches on a regular basis may develop a headache caused by exercise while exercising.
9) Have you recently has surgery?	Find out how recent surgery was and what it was if very recent refer to GP.
10) Currently being prescribed medication?	Find out more information about the medicine and possible side effects, <b>if in doubt refer to GP.</b>
11) Recently finished a course of medication?	Find out about medication that was taken, <b>if in doubt refer to GP.</b>
12) Diabetes?	Not a limiting factor but 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. <b>If in doubt, refer to GP.</b>
13) Asthma or breathing problems?	If the inhaler is required, ensure they have it with them and re-schedule induction if they don't.