

PAR-Q

NAME:

CONSENT TO EXERCISE

Exercising is an essential part of maintaining a healthy lifestyle. Some people however are unable to participate fully due to illness or other medically restrictive reasons. It is therefore important that the following questions are answered fully and honestly to enable us to ensure that our members can exercise safely. Please ensure that you sign the declaration below. If you are under 18 a parent or guardian must also sign. If you are unable to sign for any other reason, a nominated responsible person may do so on your behalf.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)	YES	NO
Do you have photo-sensitive epilepsy/light sensitivity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you for any reason, been unable to exercise in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Has your physician ever advised you against exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any cardiac (heart) related illness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from respiratory difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from fainting, migraines or loss of balance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any bone, joint or muscle related disease?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any history of heart disease in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced chest pain whilst exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have elevated cholesterol levels?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to any of the above, please give details below. All information is held in strictest confidence and accessible only by the gym manager and relevant staff.

YOUR DOCTOR'S DETAILS

DOCTOR'S NAME: SURGERY NAME:
SURGERY NUMBER: SURGERY ADDRESS:

DECLARATION OF CONSENT TO EXERCISE

I CONFIRM THAT ALL THE ANSWERS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I BELIEVE I AM ABLE TO PARTICIPATE IN EXERCISE AT FITT 41

SIGNATURE: DATE:

THE PERSON MAKING THIS APPLICATION IS UNDER 18 OR UNABLE TO SIGN THEMSELVES. THEREFORE I CONFIRM THAT I WILL BE TAKING RESPONSIBILITY FOR THIS PERSON'S DECLARATION.

NAME: RELATIONSHIP:

SIGNATURE: DATE: