

PAR-Q for post-natal exercise classes

Name _____ Date of birth _____

Address _____

Postcode _____ Phone number _____

Contact for special situations

Name of contact _____ Relationship _____

Phone number _____ Mobile _____

When answering the following questions common sense is your best guide. Please read the questions carefully and answer each one honestly. All answers will be treated with the strictest confidence.

1. yes no Has your doctor even said that you have a heart condition? If yes, please give details.
2. yes no Do you feel pain in your chest when you do any physical activity?
3. yes no In the past month, have you had chest pain when you were not doing physical activity?
4. yes no Do you lose your balance because of dizziness or do you ever lose consciousness?
5. yes no Do you have a bone or joint problem that could be made worse by a change in your physical activity? If yes, please give details.
6. yes no Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition?
7. yes no Do you know of any other reason that could affect your participation in exercise?

If you answered yes to one or more of the above questions please consult the instructor who will advise if medical permission is required.

I understand that it is my responsibility to inform the instructor if my health status changes from the above.

Signed _____ Date _____