



GENERAL HEALTH FORM

(PARQ: PHYSICAL ACTIVITY READINESS QUESTIONNAIRE)

Please note that all information given will be treated confidentially.

Name

Address

Mobile

Home Phone

E-mail Address

D.O.B.

Please tick the relevant spaces:

Yes No

1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?

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2. Do you have chest pains brought on by physical activity?

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3. Do you ever have chest pains when you are not doing physical activity?

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4. Do you tend to loose consciousness or fall over as a result of dizziness?

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5. Do you have a bone or joint problem that could be aggravated by physical activity?

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6. Have you ever been told that you have high blood pressure?

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7. Has your doctor ever recommended medication for your blood pressure or a heart condition?

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8. Do you suffer from diabetes?

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Please tick the relevant spaces:

Yes No

9. Are you currently, or have you been pregnant in the past six months?

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10. Are you currently taking any medication which the instructor should be aware of?

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If so, please give details of what is it and what has it been prescribed for:

10. Are you aware, through your own experience or through your doctor's advice, of any other physical reason why you should not exercise with or without medical supervision? If yes, please give details in the space provided.

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If you have answered 'yes' to any of the previous questions then you may be required to have your doctor's consent, along with a signed letter, before partaking in any of the fitness sessions.

I hereby state that I have read, understood and answered honestly the pre- exercise questionnaire, as well as any other relevant pre-exercise forms. Any questions I had were answered to my full satisfaction. I also state that I wish to participate in activities which may include circuit training exercises using equipment. I realise that my participation in these activities involves the possible risk of injury. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise which has been recommended to me and understand that I am taking part entirely at my own risk and waive any legal recourse for damages to myself or my property which may arise from my participation.

Signature of client:

Date
