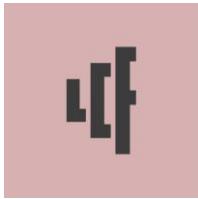


PARQ: Pre- Activity Readiness Questionnaire

Your Name: CLIENT NAME	Date:
Your Email: CLIENT EMAIL	Your Contact Phone Number: CLIENT CONTACT

Welcome to Lisa Clark Fitness It is important that you complete this PAR-Q so that we know you are safe to exercise. Make sure that you read all questions carefully and answer honestly. Please also sign the disclaimers on the reverse of this form. **Please tick Yes or No to the following agreements and sign where indicated:**

	YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?		
Do you have chest pain brought on by physical activity?		
Have you developed chest pain in the last month?		
Do you tend to lose consciousness or fall over as a result of dizziness?		
Do you have a bone or joint problem that could be aggravated by the proposed physical activity?		
Are you on any medication? (please state)		
Are you currently, or have you been pregnant in the last six months?		
Do you have any other medical conditions/ injuries/ strains? (please state)		
Have you had an operation In the last 6 weeks?		



Are you aware, through your own experience or from a doctor's advice, of any other physical reason why you should not exercise without medical supervision?		
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If you have Answered NO honestly to all questions above:

You can be reasonably sure that you are safe to exercise and therefore will be able to fully participate in your chosen activity. If you have any concerns please speak to your instructor and always work within your own limits.

If you have Answered YES to One or More of the questions above:

Talk to your instructor and ensure that they are aware of these. Your instructor may restrict your physical involvement in activity and offer you advice of your restrictions. Depending on the severity of these positive answers your instructor may ask you to refrain from activity before seeking medical advice from your GP. If this is the case you will be required to tell your GP about the questions you answered positively to, then approval to exercise will need to be obtained before full physical commencement of the course.

	YES	NO
If you answered YES to any of the questions above: "I have sought advice from a medical professional who has approved me to exercise"		

In an emergency please contact:

Name:	
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Relation:	
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Phone Number:	
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[Note:] This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the questions.

"I confirm that all information given is accurate to the best of my knowledge and that all exercise is done at my own risk throughout the duration of this course"

Client Name **Date:**

Client Signature