

## Physical Activity Readiness Questionnaire (PAR-Q)

Your Details			
Name:	Address:		
Date of Birth:			
Phone Number:	Emergency contact:		
Have you ever suffered from heart trouble?	Yes	No	
Are you presently taking any form of medication?	Yes	No	
Do you suffer from chest pains?	Yes	No	
Do you ever have spells of dizziness or feel faint?	Yes	No	
Have you ever had asthma, chronic bronchitis or any other chest ailments? If yes, please indicate which:	Yes	No	
Do you suffer from back pain or any orthopaedic problem? If yes, please indicate which:	Yes	No	
Do you suffer from severe headaches or migraines?	Yes	No	
Are you recuperating from any recent illness/operation or injury?	Yes	No	
Have you any medical conditions that could affect your ability to participate in this class?	Yes	No	
Are you pregnant? If yes, how many months:	Yes	No	
Is there any history of heart disease in your immediate family (under the age of 55)?	Yes	No	
Have you ever had either high or low blood pressure? If yes, please indicate which:	Yes	No	
Have you ever had high cholesterol?	Yes	No	
If you have answered Yes to any of these questions, or you are currently on any medication, please give further details:			
<b>Please note:</b> If you answered YES to any of the above questions, you are advised to seek medical advice/approval before commencing an exercise programme.			
<p><i>I have been informed that if I answer YES to any of the questions of this form, I should seek medical advice/approval before starting an exercise programme and/or induction. If I wish to continue without such advice, I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that WestCoast Pilates cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme. I have been informed that I am required to update this PAR-Q should my medical status change. I consent that my personal data is collected, handled and stored in compliance with the 2018 GDPR (General Data Protection Regulation). I have been informed about the purposes for processing my personal data, the retention period for that personal data, who it will be shared with and my right of withdrawal of consent.</i></p>			
Signed Client:			Date:
Signed Instructor:			Date: