FITNESS MILTON KEYNES
KELLY WHITAKER

PRE-ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Before you attend class, you must complete this PAR-Q. The information contained within this form will help determine if you are safe to attend classes. If there is ever any doubt regarding your fitness to train you should seek advice from your doctor. If you are showing signs of COVID-19, or living in a household with someone else who has a possible or confirmed COVID-19 infection you should not attend the class.

All information you record on this form will be treated with the utmost confidentiality, it will be stored in a secure place and made available to you at any time. You are not required to provide information on health conditions, however by signing this form you are declaring that there is no health reason why you cannot exercise.

Contact details

Title	
First name	
Last name	
Membership no.	

Emergency Contact Full Name	
Emergency Contact Phone Number	

Additional comments about contact details (if applicable):

Health assessment

If you are intending to take part in physical activity or regular sport/exercise, you are new to exercise or you have a health condition, you may need to consult your doctor. If your answer to any of the following questions is "yes" please contact your doctor and have them appropriately advise you prior to attending classes.

Question				
Do you have a history of coronary heart or artery disease or a heart condition/chest pain/ palpitations/high blood pressure/low blood pressure/shortness of breath?	YES	☐	NO	☐
Do you have high cholesterol?	YES	☐	NO	☐
Do you have bone/joint or orthopaedic conditions that could be made worse by physical activity such as arthritis?	YES	☐	NO	☐
Do you suffer from breathing difficulties, chronic illness or physical limitations such as asthma or diabetes?	YES	☐	NO	☐
Have you undergone surgery in the last 12 months or are you carrying any injuries?	YES	☐	NO	☐
Have you had a stroke or transient ischaemic attack (TIA), or family history of conditions relating to blood clots?	YES	☐	NO	☐
Do you have problems with your balance or dizzy spells or you have had a fall in the last 12 months?	YES	☐	NO	☐

Continued overleaf

Health assessment (continued)

Do you suffer from a sight or hearing impairment?	YES	☐	NO	☐

Have you been pregnant in the last 3 months or are currently pregnant?	YES	☐	NO	☐

Do you take any medications, either prescription or non-prescription regularly? If yes, please list medication details:	YES	☐	NO	☐

Do you know of any other factors which may affect your ability to participate in physical activity? If yes, please give details:	YES	☐	NO	☐

Changes in health

If you proceed with a programme of physical activity and, during that period, your health changes, please consult your doctor immediately as you may need to change or even suspend your physical activity. If you feel unwell please inform the instructor - do not just leave the class

Exercise history

Have you attended a gym or classes in the last year?	YES	☐	NO	☐

How would you describe your current level of fitness and wellbeing?

How many times per week would you like to attend the classes?							
1	☐	2	☐	3	☐	4+	☐

How long will you commit to each session?			
Less than 1 hour	☐	More than 1 hour	☐

Client declaration

I agree that the details I have provided are correct and that I will consult my doctor immediately if anything changes that may affect my ability to exercise or related to my emergency contact details. If I feel light-headedness, faint, chest discomfort, leg cramps, fatigue, discomfort, pain or nausea then I will immediately stop the class and notify the instructor. If I have any signs of COVID-19, or if someone in my household is showing signs I will not attend the Classes.

I confirm that I will observe the rules of the Fitness Milton Keynes and understand that I am responsible for ensuring that I am fit and healthy to attend the classes; and that I do so at my own risk.

Signed: ....

Print Name: .... Date: ....