



PHYLLIS COURT
MEMBERS CLUB

PRE-ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Before you start using the Fitness Centre facilities, you must complete this PAR-Q. The information contained within this form will help determine if you are safe to use the facilities at the Fitness Centre. If there is ever any doubt regarding your fitness to train you should seek advice from your doctor.

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		Emergency Contact Full Name	
First name		Emergency Contact Phone Number	
Last name			
Membership no.			

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 using the Fitness Centre.

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	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have high cholesterol?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have bone/joint or orthopaedic conditions that could be made worse by physical activity such as arthritis?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you suffer from breathing difficulties, chronic illness or physical limitations such as asthma or diabetes?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you undergone surgery in the last 12 months or are you carrying any injury?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you had a stroke or transient ischaemic attack (TIA), or family history of conditions relating to blood clots?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have problems with your balance or dizzy spells or you have had a fall in the last 12 months?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Continued overleaf

Health assessment (continued)

Do you suffer from a sight or hearing impairment?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you given birth in the last 3 months or are currently pregnant?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you take any medications, either prescription or non-prescription regularly? <i>If yes, please list medication details:</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you know of any other factor which may affect your ability to participate in physical activity? <i>If yes, please give details:</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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 a member of the Fitness Centre Team if you plan to continue to use the facilities.

Exercise history

Have you used a gym in the last 2 years?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
How would you describe your current level of fitness and wellbeing?							
How many times per week would you like to attend the Fitness Centre?							
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4+	<input type="checkbox"/>
How long will you commit to each session?							
Less than 1 hour		<input type="checkbox"/>	More than 1 hour			<input type="checkbox"/>	

The Fitness Centre rules

To ensure that all members have the best experience possible in the Fitness Centre, we ask that you abide by the Fitness Centre Rules. These are displayed in the Fitness Centre, included in the induction handout, on the website and a copy may be obtained from Reception upon request.

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 using the equipment. I agree to only use equipment which is suitable to my abilities and competencies and will seek advice from a member of the Fitness Centre Team on the use of the equipment if I do not know how to correctly use or operate it. I confirm that I will observe the rules of the Fitness Centre and understand that I am responsible for ensuring that I am fit to use the facilities; and that I do so at my own risk.

Signed: _____

Print Name: _____

Date: DD / MM / YYYY _____