



FIT FOR ANYTHING

PAR Q

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

This questionnaire has been designed to ensure that you begin activity with FIT FOR ANYTHING quickly and safely. Please complete by circling the relevant response :

1. HEART CONDITION : Has a doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor ? Yes No
2. CHEST PAIN : Do you feel pain in your chest when you do physical activity ? Or have you had chest pain within the last month were not doing physical activity ? Yes No
3. BALANCE : Do you lose balance because of dizziness or do you ever lose consciousness ? Yes No
4. JOINT : Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No
5. DRUGS: Is the doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition ? Yes No
6. DIABETES : Do you have Diabetes Mellitus? Yes No
7. PREGNANCY : Are you, or is there any possibility that you are pregnant? Yes No
8. BREATH : Do you suffer from shortness of breath at rest or with mild exertion? Yes No
9. FATIGUE: Do suffer from unusual fatigue with usual activities? Yes No
10. SHARP PAIN: Do you regularly get sharp pain in your lower leg walking uphill or upstairs which disappears within 1-2 minutes of stopping ? Yes No
11. SMOKE : Do you smoke ? Yes No
12. BLOOD PRESSURE : Have you been told by your doctor that your blood pressure is high? Yes No
13. CHOLESTEROL : Have you been told by your doctor that your cholesterol is high ? Yes No
14. HEART DISEASE : Have your parents or siblings ever suffered from heart disease ? Yes No
(Mother/female under 65 or Father/male under 55)
15. INACTIVE : Are you physically inactive in both your work and leisure time ? Yes No
16. WAIST : Is your waist measurement more than 38 inches/100cm? Yes No
17. Do you know of any other reason why you should not do physical activity ? Yes No



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1. I am aware of and understand the potential risk and dangers associated with physical activity including the use of equipment and I am voluntarily participating in these activities with knowledge of the risks and dangers involved.
2. To the best of my knowledge I do not know of any reason why I should not participate in any of the programmes and activities with a Fit For Anything instructor . I hereby declare myself to be free from any condition, disease, impairment, infirmity or illness that may affect my participation. I agree to inform Fit for Anything and where appropriate provide written consent from a doctor should such a condition or complaint arise, before continuing with any activity.
3. I agree to abide by all verbal and written notices regarding safety whilst being with Fit For Anything. I agree to use only the equipment relevant to my capabilities and that I have been inducted on and/or am fully conversant with.
4. I have had the opportunity to ask questions about the use of the Fit for Anything equipment . Any questions I have asked have been answered to my satisfaction.
5. Fit For Anything accepts no liability for my death, injury or illness resulting from my failure to disclose any relevant medical impairment or condition or from my misuse of the facilities and equipment.
6. Without prejudice to the above, Fit For Anything accepts no liability for loss of whatsoever nature and howsoever arising caused to me or suffered by me whilst with Fit For Anything WITH EXCEPTION of any liability or loss that is caused by negligent acts or omissions on the part of Fit For Anything.

I have read and understood and completed this questionnaire and agree to be bound by its conditions. Any questions I have were answered to my full satisfaction.

NAME (please print Date of Birth.....

Signed Date.....

Fit For Anything Trainer Signed