



Physical Activity Readiness Questionnaire (PAR-Q)

Becoming more active is **very safe** for most people, however to be sure, please complete the questionnaire below.

Yes No

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Are you Asthmatic?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Do you currently take prescription medication?
- Do you know of any other reason why you should not do physical activity?
- Are you currently pregnant?

If you answered YES to one or more questions, talk with your doctor before you start becoming much more physically active.

If you answered NO to all questions, you can be reasonably sure that you can start becoming more physically active right now. Be sure to start slowly and progress gradually - this is the safest and easiest way to go.

Delay becoming much more active if:

- You are not feeling well because of a temporary illness such as a fever - wait until you feel better;
- You are or may be pregnant - talk to your doctor before you try exercising.

If your health changes so that you then answer YES to any of the above questions, ask for advice from your fitness or health professional.

STATEMENT:

I recognise that the MoveWell trainers are not able to provide me with medical advice regarding my medical fitness and that this information issued as a guidance to the limitations of my exercise ability.

INDEMNITY:

Subject to any breach by MoveWell of the Terms and Conditions or its legal obligations (including any warranties implied by the Competition and Consumer Act 2010 (Cth)), I hereby agree that MoveWell, it's directors or nominated agent shall not be liable, for any loss damage or personal injury suffered by me, whether directly or indirectly arising out of any act or omission by MoveWell, it's directors or its agents. I am aware of the possible health and safety risks associated with participating in physical exercise and consent to any reasonable exercise which may from time to time be strenuous. I have made MoveWell, it's directors or it's agent aware of any relevant medical or health problems that I am currently or likely to suffer from and have obtained clearance from a registered medical practitioner to participate in physical exercise. (Applies to males over the age of 35 years and females over the age of 45). I acknowledge sole responsibility for any personal equipment. I consent to receive medical treatment, which may be deemed necessary in the event of an injury, accident or illness. (If you are under 18 years of age, a signed consent of your legal guardian must be obtained.)

Comments:

Name: _____

Signature: _____ Date: _____ / _____ / _____

Emergency contact _____ PH: _____