













JB PAL PARQ




	<p>This is the Physical Activity Readiness Questionnaire</p>
	<p>It will help work out if you are safe and ready to exercise</p>
	<p>Please answer all the questions in this form</p>
	<p>It is okay if you need help to fill out this form</p>
	<p>Tell the truth on this form, it is important for your fitness plan</p>

	Name		
	Do you have a heart condition?	Yes	No
	Do you have high blood pressure?	Yes	No
	Do you get chest pain?	Yes	No
	Do you lose balance?	Yes	No
	Do you get dizzy?	Yes	No

	Have you fainted in the last 12 months?	Yes	No
	Do you have any other chronic health issues? E.g. asthma, epilepsy, diabetes.	Yes	No
	Are you on medication for a heart or blood pressure condition?	Yes	No
	Do you have bone, joint or muscle issues?	Yes	No
	Has your doctor said you should only do exercise with medical help?	Yes	No

If you answered No to all these questions you are ready to start exercising!

If you answered Yes to any of these, please get in touch and we will discuss your options for exercise.

	I have told the truth	
	I know my information will be kept safe	
	If anything changes, I will tell my coach	

- ☐ Signed by client
- ☐ Signed on behalf of client (Name and relationship to client) _____

Signature:

Date: