

SURBITON BOXING CLUB

Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Contact Details: _____

Next of Kin: _____ Contact Details: _____

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard.

PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is the best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

1. In the past 2 weeks have you developed a persistent cough, high temperature or loss of taste or smell – or have you tested positive for Covid-19?	YES/NO
2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES/NO
3. Do you feel pain in your chest when you do physical activity?	YES/NO
4. In the past month, have you had chest pain when you are not doing physical activity?	YES/NO
5. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES/NO
6. Do you have a bone or joint problem (E.g. back, knee or hip) that could be made worse by a change in physical activity?	YES/NO
7. Is your doctor currently prescribing drugs or medication?	YES/NO
8. Do you know of any other reason why you should not do physical activity?	YES/NO

If you have answered **YES** to any of the above questions, please use the available space to explain your answer and give additional details:

Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance training and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

You are advised to postpone partaking of physical activity if you feel unwell or have a temporary illness. You must inform your instructor of any changes to your health status, whilst engaged in your training.

Client's signature: _____ Date: _____

Witness signature: _____ Date: _____