

PARQ - Physical Activity Readiness Questionnaire

Functional Fitness – 07624 260022 / functionalfitness@manx.net

Please complete the following questions before you begin exercising with Functional Fitness. Please discuss any health issues with the instructor.

Name: Telephone number:.....

Address:

.....

Email address:

Date of Birth: Gender:

Occupation:

Has anyone in your family under 60 suffered from heart disease, stroke, raised cholesterol or sudden death?..... Yes Please circle No

Are you on prescription medication? Yes No

Have you been hospitalised recently?..... Yes No

Are you currently pregnant or have you given birth in the last six weeks?..... Yes No

If 'Yes' to any of the above please provide details

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Do you have any pain or injuries in the following areas?

Neck

Back

Knees

Ankles

If 'Yes' please provide details

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Do you smoke?Yes No

Do you have or have you ever had any of the following conditions:

Any heart condition	Stroke	Diabetes
Raised cholesterol	Asthma	Arthritis
Dizziness or fainting pains	Epilepsy	Palpitations or chest
High blood pressure	Low blood pressure	

Details.....
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If 'Yes' to any of the above, please take this form to your GP and ask for clearance to exercise with Functional Fitness, or sign below if the condition has been cleared.

If you have any other conditions or special needs which may give reason to modify any activities please inform your instructor.

Please list any health problems you suffer from, not already mentioned:

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In case of an emergency contact:

Name Contact number(s).....
Relationship

As well as the benefits derived from physical activity I understand the risks involved. It is my sole responsibility to participate in exercises that are appropriate for the current status of my health and the instructor cannot be held liable for any health problems that might occur from being involved in exercise.

Signed

Print name Date