

PAR-Q

**Before you join us, we'd love to
get to know you a bit better...**

Name:

Date of birth:

Email:

Contact number:

Emergency contact name:

Emergency contact number:

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

Do you feel pain in your chest when you do physical activity?

☐ Yes ☐ No

In the past month have you experienced any unexplained chest pain?

☐ Yes ☐ No

Do you lose your balance due to dizziness or do you ever lose consciousness?

☐ Yes ☐ No

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

☐ Yes ☐ No

Is your doctor currently prescribing medication for your blood pressure or a heart condition?

☐ Yes ☐ No

Do you know of any other reason why you should not do physical activity?

☐ Yes ☐ No

How would you describe your current level of activity? (Circle appropriate answer)

☐ Low

☐ Low/Medium

☐ Medium

☐ Medium/High

☐ High

How would you describe your current level of fitness? (Circle appropriate answer)

☐ Low

☐ Low/Medium

☐ Medium

☐ Medium/High

☐ High

Do you smoke?

☐ Yes ☐ No

Do you drink alcohol?

☐ Yes ☐ No

Have you ever been informed that your blood cholesterol is high?

☐ Yes ☐ No

Do you have a family history of heart disease (immediate family member less than 55 years old)?

☐ Yes ☐ No

Do you currently have any form of muscle, joint or back injury?

☐ Yes ☐ No

Do you suffer, or have you ever suffered, from diabetes?

☐ Yes ☐ No

Do you suffer, or have you ever suffered, from asthma?

☐ Yes ☐ No

Do you suffer, or have you ever suffered, from bronchitis?

☐ Yes ☐ No

Do you suffer or have you ever suffered from epilepsy?

☐ Yes ☐ No

Have you any condition that may be made worse by physical exercise?

☐ Yes ☐ No

Are you pregnant?

☐ Yes ☐ No

Signed:

Date:

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