



Physical Activity Readiness Questionnaire (PAR-Q)

This Physical Activity Readiness Questionnaire is designed to help determine if it is safe for you to begin an exercise program. Please answer the following questions honestly and to the best of your ability. If you answer "Yes" to any of the questions, please provide additional details where indicated.

Personal Information:

Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Health History:

Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?

Yes

No

If yes, please provide details: _____

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

Yes

No

If yes, please provide details: _____

In the past month, have you experienced chest pain when you were not performing any physical activity?

Yes

No

If yes, please provide details: _____



Do you have a bone or joint problem (e.g., arthritis) that has been aggravated by exercise or might be made worse with exercise?

Yes

No

If yes, please provide details: _____

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

Yes

No

If yes, please provide details: _____

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

Yes

No

If yes, please provide details: _____

Additional Questions:

Have you previously participated in any personal training sessions or exercise programs?

Yes

No

If yes, please provide details: _____

Do you have any specific fitness goals or objectives you would like to achieve through personal training?

Yes

No

If yes, please provide details: _____

Declaration:

I have read and answered the above questions to the best of my knowledge. I understand that it is my responsibility to inform my trainer of any changes in my health status that may affect my ability to safely participate in personal training sessions. I acknowledge that participation in personal training sessions involves certain risks, and I voluntarily assume those risks.

Client Signature: _____ Date: _____