

Please tick one of the options below to indicate the type of body conditioning you require

- | | |
|--|--|
| <input type="checkbox"/> Weight plan | Weight control and body fat reduction |
| <input type="checkbox"/> Toning and shaping | Body conditioning for improved muscle tone |
| <input type="checkbox"/> Circuit training | Aerobic circuits using resistance equipment |
| <input type="checkbox"/> Strength and training | For a more powerful and defined physique |
| <input type="checkbox"/> Sports specific | Your own choice - training for rugby, squash, etc. |
| <input type="checkbox"/> Injury rehab | Restore fitness post injury/illness |

Please tick one of the options below to indicate the major areas of the body you feel requires most attention

- | |
|---|
| <input type="checkbox"/> Total body |
| <input type="checkbox"/> Lower and middle |
| <input type="checkbox"/> upper and middle |

How much time are you prepared to commit to the programme?

Days per week	1-2 / 2-3 / 3-4	Other
Time per session (minutes)	20-30 / 30-40 / 40-60	Other

Formal declaration

I declare that to the best of my knowledge, I know of no reason why I should not participate in a Personal Exercise Programme. I understand that the Personal Exercise Programme has been prepared solely on the basis of the information I have provided on this document. I also participate in the programme entirely at my own risk and waive any legal recourse for damages to myself, other persons or property arising from the order of exercises set out in the exercise programme. I also agree that, should my medical/health status change which would mean that the replies to this health questionnaire were incorrect in any respect, I would immediately inform Westside Health & Fitness Club of any such changes.

Signed: _____ Date: _____

Staff signature: _____

PAR-Q and you...



...together we're healthier

PARQ (Physical Activity Readiness Questionnaire)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people.

The Physical Activity Readiness Questionnaire provides essential background information necessary to determine the various aspects of your personal exercise and activity programme. It relates to medical history and specific exercise and activity factors.

Please take your time and think carefully about your answers. All information you provide is strictly confidential and covered by the Data Protection Act.

Personal details (PLEASE COMPLETE IN CAPITALS)

Mr/Mrs/Miss/Other:	Date of birth:
_____	_____
First name(s):	Sex:
_____	_____
Surname:	Age:
_____	_____
Address:	Height:
_____	_____
_____	Weight: kg
_____	Target weight: kg
_____	_____
Postcode:	Ref No:
_____	_____
Home Tel. No:	

Emergency Tel. No:	

Additional information

Medical profile

WARNING: The following medical and exercise profiles do not in any way substitute for a medical examination. If you circle **YES** to any of the questions, you are strongly advised to consult your doctor or medical advisor and seek medical approval before commencing exercise.

- Are you recovering from any serious illness or surgery? YES / NO
- Are you currently taking any medication? YES / NO
- Have you ever had a diagnosed heart condition and ever been treated for high blood pressure? YES / NO
- Do you suffer from any breathing disorders e.g. Asthma or Bronchitis? YES / NO
- Do you have or have you ever had a diagnosed orthopaedic condition e.g. severe back or joint pains? YES / NO
- Are there any reasons why you should not exercise or that may have a negative effect on you e.g. pregnancy, feeling faint or dizzy? YES / NO

Exercise and activity profile

Do you have any limiting conditions or diagnosed injuries of any of the following that could be affected by exercise? Please circle YES or NO

Neck/upper back	YES / NO	Lower back	YES / NO
Shoulder	YES / NO	Hips/buttocks	YES / NO
Arms	YES / NO	Front thighs/knees	YES / NO
Chest	YES / NO	Inner thighs/groin	YES / NO
Middle back	YES / NO	Rear thighs/hamstrings	YES / NO
Abdominal area	YES / NO	Calves/ankles	YES / NO

Please tick the option which best describes your activity level in the last eight weeks

- Limited activity, non exerciser
- Normal daily routine with daily walk, etc.
- Daily routine and recreational sports e.g. golf, tennis
- Recreational sports and formal exercise routine once a week
- Formal exercise routine 2-3 times a week
- Formal exercise routine 4 or 5 times a week or manual labour