

FABS Physical Activity Readiness Questionnaire (PAR-Q)

Before you begin exercising your instructor needs to know some information about you to ensure the exercises are safe and effective for you. If you answer 'yes' to any of the questions please provide details overleaf. Thank you.

Name.....

Address.....

Telephone No.....Date of Birth.....

Email.....

Emergency contact.....




GP contact.....

	Yes	No
Has your doctor advised you not to participate in exercise?		
Do you feel pain in your chest at rest or when you do physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness (black out)?		
Do you get short of breath at rest or doing light activity?		
Do you have a heart condition? (e.g. angina, palpitations, atrial fibrillation or have you ever had a heart attack?)		
Have you ever had a stroke or a mini stroke?		
<p>If you answered YES to any of the above please ask your doctor or health care professional before participating in this exercise class. Your signature indicates you have permission to participate.</p> <p>If you have answered NO to all of the above please answer the following:</p>		
Do you have any difficulties with your breathing such as COPD, emphysema, chronic bronchitis, asthma or any other lung condition?		
Do you have diabetes, high blood pressure or epilepsy?		
Do you have any bone, joint, muscular or neurological conditions which affect your ability to exercise such as osteoporosis, back pain, multiple sclerosis, Parkinson's or arthritis? Include any joint replacements.		
Have you had any operations in the last 3 months?		
Have you had a fall in the last 12 months?		
Do you have (or have you had) cancer?		
Do you take any medication that may be required in an emergency? If so please let your instructor know and list on the back of this form.		
Please provide details of any other needs you have that the instructor should be aware of such as walking aids, hearing or sight difficulties, physical or learning disabilities.		
Do you have any allergies including latex?		
Can you walk for 20 minutes? If so how many times a week do you do this?		

I have read, understood and completed this questionnaire honestly and agree to keep my instructor informed of any changes. I understand that I participate at my own risk.

Signature.....Date.....

Complete this table to indicate this class members' physical status. Tick as appropriate [✓]

Resistance Band Colour?	✓	Seated or Standing?	✓
Yellow ■■■■		 Seated	
Red ■■■■		 Standing with support	
Green ■■■■		 Free standing	
Blue ■■■■			
Black ■■■■			

How did you hear about the FABS class?

Please list any medication or give any other helpful information below:

On occasion sections of the class may be photographed or videod for use in promotion purposes such as advertising or shared on social media by Julie Rose (Rosefit) or Move it or Lose it. Please sign below if you are happy to be included:

Signed:

DATE: