



SO FIT GAWLER PAR-Q (PHYSICAL ACTIVITY READINESS QUESTIONNAIRE)

Name: _____ Age _____ Sex _____

Address _____ Post Code _____

Occupation / Employer (optional): _____

Phone (H) _____ Phone (W) _____ Mobile _____

In case of an emergency please contact:

Phone (H) _____ Phone (W) _____ Mobile _____

Medical History

Do you suffer from, or have you ever suffered from:

Back Problems		Asthma	
Stroke		Muscle Injuries	
Epilepsy		Bone Injuries	
Heart Condition		Shortness of breath	
Diabetes		Allergies	
Arthritis		Other	
High Blood Pressure			

If ticked please give details of any past or current medical conditions:

Do you require a medical clearance before you commence an exercise program: Yes / No

(If you have ticked any of the above it is advisable to seek clearance from your Doctor before starting an exercise program)

Please sign here if the condition has been cleared or controlled:

Are you taking any prescribed Medication? Yes / No (please circle)

Have you been hospitalized recently? Yes / No

Are you a smoker? Yes / No

Are you dieting? Yes / No

Are you currently participating in any form of exercise? Yes / No

Exercise Type: _____

Please read carefully

Work at a low level initially allowing you to concentrate on the correct technique. Each visit you will be able to progress and work a little harder but be sure to work at your own pace.

Should you suffer any injury or illness in the future please inform a staff member and complete this form again.

We recommend that Males over 35 and Females over 45 have a medical assessment before starting any exercise program.

Please indicate your reasons for starting an exercise program eg lose weight, improve fitness etc

How did you hear about us? _____

Statement

I acknowledge that So Fit Gawler staff are not able to provide me with medical advice and this information is used as a guideline only to my ability to participate in an exercise program. I agree that I assume all risks, medically or otherwise, associated with any/all activities and exercise in which I participate at So Fit Gawler. I have answered the questions to the best of my knowledge and will inform Fitness Centre staff of any personal or medical details that may change. I accept So Fit Gawler's membership Terms and Conditions.

Signed _____ Date _____

Office Use Only

Membership Type									
Single	1 Mth	3 Mth	6 Mth	12 Mth	Club	1Mth	3 Mth	6 Mth	12 Mth
Direct Debit	Single	Club							