

Catherine Jasat Training

Physical Activity Readiness Questionnaire (PARQ Form)

Please fill in this form and return to Catherine Jasat

Print Name: Date of Birth:

Tel: Email:

Please complete the questions below. All information given is kept strictly confidential.

- Do you have, or have you ever had, a heart condition, high blood pressure or circulatory problem? Y/N
- Is there a history of heart disease in your family? Y/N
- Do you ever experience pain in your chest when exercising or at rest? Y/N
- Do you ever feel faint or suffer from dizzy spells? Y/N
- Do you experience back pain or do you have a bone or joint condition (such as arthritis) that could be exacerbated by physical activity? Y/N
- Do you have diabetes? Y/N
- Do you have asthma? Y/N
- Do you suffer from epilepsy? Y/N
- Have you had any surgery or medical procedure in the past year that may affect your physical activity? Y/N
- Are you currently taking any prescribed medications? Y/N
- Are you aware of any other condition or injury that may give reason to modify your exercise programme? Y/N
- Are you pregnant? Y/N

Please provide additional details if any questions are answered YES:

Disclaimer

I understand that I take part in the CK Training sessions at my own risk. Catherine Jasat will not be held responsible for any harm that may occur to me during the session.

Signed by client Date: