

Bio Scan Session - PAR-Q

The PAR-Q Questionnaire

The PAR-Q is designed to help you help yourself, by raising any issues that may affect you safely increasing the amount of exercise you are currently completing. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

Please read the table carefully and check **YES** or **NO** opposite the question as the question applies to you.

Please read the questions below carefully and answer each one honestly (check YES or NO)	YES	NO
1) Are you currently pregnant or have you been pregnant in the last 3 months?		
2) Do you have a pacemaker or an implantable cardioverter defibrillator?		
3) Has your doctor ever said that you have a heart condition OR high blood pressure?		
4) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
5) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?		
6) Have you ever been diagnosed with a chronic medical condition (other than heart disease or high blood pressure)?		
7) Are you currently taking prescribed medications for a medical condition?		
8) Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active.		
9) Has your doctor ever said that you should only complete medically supervised physical activity?		

If you answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming more physically active, or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and to which questions you answered YES. Discuss with your doctor the kinds of activities you wish to participate in and follow their advice.

DECLARATION AND AUTHORISATION

I confirm that the information given is a true and accurate statement. I understand that if I have declared any of the conditions listed, further information may be requested.

Please be aware that it is your responsibility to inform us if there is a change to any of your answers on the PAR-Q.

Name:

Signature:

Date:

Additional Questions:

- Have you been in contact with a confirmed case of or have you been diagnosed with COVID-19 in the last 4 weeks?
- Are you currently awaiting test results for COVID-19?
- Do you feel unwell or have any of the following symptoms – Dry Cough, Fever, Difficulty Breathing, Aches & Pains, Sore Throat?

If you answered yes to any of the additional COVID-19 questions above, you are not permitted to attend the facility until you have sought medical clearance from your doctor.