

**PAR-Q FORM (Please check YES or NO to the following)**

**Yes    No**

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?    \_\_\_    \_\_\_

Do you frequently have pains in your chest when you perform physical activity?    \_\_\_    \_\_\_

Have you had a chest pain when you were *not* doing physical activity?    \_\_\_    \_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness?    \_\_\_    \_\_\_

Do you have a bone, joint or any other health issue that causes you pain or limitations that must be addressed when developing an exercise program (for example diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anaemia, epilepsy, respiratory ailments, back problems, heart murmur etc.)?    \_\_\_    \_\_\_

Are you pregnant now or have given birth within the last 6 months?    \_\_\_    \_\_\_

Have you had a recent surgery?    \_\_\_    \_\_\_

If you have marked YES to any of the above, please elaborate below

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Participant Signature

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Date