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| Physical Activity Readiness Questionnaire (PAR-Q)  For personal training and boxing with Boxcorp Fitness |
| ***PAR-Q*** is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a ***PAR-Q*** is a sensible first step to take if you are planning on increasing the amount of physical activity in your life. For most people physical activity should not pose a problem or hazard. ***PAR-Q*** has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question.   |  |  | | --- | --- | | 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? | **Yes No** | | 1. Do you feel pain in your chest when you do physical activity? | **Yes No** | | 1. Do you tend to lose consciousness or fall over as a result of dizziness? | **Yes No** | | 1. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity? | **Yes No** | | 1. Has your doctor ever recommended medication for your blood pressure or a heart condition? | **Yes No** | | 1. Are you aware, through your own experience or a doctor’s advice, of any other physical reason against your exercising without medical supervision? | **Yes No** | | 1. Do you know of any other reason why you should not do physical activity? | **Yes No** | | **If you answered YES to one or more of the above questions, please answer the following  questions:** | | | 1. Have you consulted with your physician regarding increasing your physical activity and/or performing a fitness assessment? | **Yes No** | | 1. If you answered no to question 8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment? | **Yes No** |   **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to partake in contact boxing and do not know of any medical reason to not take part in any semi or full contact boxing with the appropriate safety precautions in place.**  **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_  **Trainer’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |