



**PAR-Q FORM**  
(Physical Activity Readiness)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their physician before becoming more physically active.

**Please complete this form as accurately and completely as possible *before participating in class.***

**Please mark 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 chest pain when you were not doing physical activity?

\_\_\_\_

\_\_\_\_

Have you had a stroke?

\_\_\_\_

\_\_\_\_

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

\_\_\_\_

\_\_\_\_

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?

\_\_\_\_

\_\_\_\_

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

\_\_\_\_

\_\_\_\_

Do you have asthma or exercise induced asthma?

\_\_\_\_

\_\_\_\_

Do you have low blood sugar levels (hypoglycemia)?

\_\_\_\_

\_\_\_\_

Do you have diabetes?

\_\_\_\_

\_\_\_\_

Have you had a recent surgery?

\_\_\_\_

\_\_\_\_

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

\_\_\_\_\_

Do you take any medications, either prescription or non-prescription, on a regular basis? **Yes / No** (circle one)

What is the medication for? \_\_\_\_\_

Does this medication affect your ability to exercise or achieve your fitness goals? **Yes / No** (circle one, if yes, please elaborate below)

\_\_\_\_\_

*\* If your health changes, such that you at any time answer YES to any of the above questions, tell your trainer/coach and ask whether you should change your physical activity plan.*

**I have read, understood, and completed the questionnaire. I answered all questions as honestly as possible.**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact - Name / Phone Number:** \_\_\_\_\_ / \_\_\_\_\_

Who told you about Sync Fitness? *Please provide their name below so we can thank them!* \_\_\_\_\_

If you were not referred by someone, how did you hear about Sync Fitness? \_\_\_\_\_

*Please Circle One*

Are you enjoying a *complimentary trial* class today? Are you visiting with Class Pass today? Are you visiting from out of town?

Reviewed by **INSTRUCTOR:** \_\_\_\_\_  
sample: Sara

**CLASS DAY / DATE / TIME:** \_\_\_\_\_  
sample: Tuesday 1/19/16 5:15 PM