



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

This questionnaire has been designed to ensure that you are able to exercise safely. We strongly recommend that you complete the form before participating in the Gym for Heroes challenge. If you are uncertain of anything, please discuss with your gym.

**Please check the appropriate response:**

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have chest pain brought on by physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you developed chest pain at rest in the past month?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose consciousness or lose your balance as a result of dizziness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bone or joint problem that could be aggravated by the proposed physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing medication for your blood pressure or a heart condition?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have diabetes or any other metabolic disease?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware, through your own experience or the advice of a doctor, or any reason that you should not exercise without medical approval? |

**If you answered YES**

If you have not recently done so, speak with your doctor before increasing your physical activity. Tell your doctor which questions you answered yes to and seek advice as to your suitability for physical activity.

**Informed Consent:** I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and in very rare cases, even the possibility of death.

Name..... Signature.....  
Date.....

**Additional note. If you answered YES to any questions: I have taken medical advice and my doctor has agreed that I should exercise.**

Name..... Signature.....  
Date.....

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Donate through <http://www.justgiving.com/gym-for-heroes-2010>  
or track your own fundraising - create a page at <https://www.bmycharity.com/V2/gymforheroes>

