



PMF Physical Activity Readiness Questionnaire (PAR-Q)

The Physical Activity Readiness Questionnaire (PAR-Q) helps ensure that all PMF members can train safely during outdoor fitness and military-style training sessions. Please answer the following questions honestly and provide additional information where appropriate.

Personal Information

Full Name:	
Date of Birth:	
Phone Number:	
Email Address:	
Emergency Contact Name:	
Emergency Contact Number:	

PAR-Q Questions

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES	NO
2. Do you feel pain in your chest during physical activity?	YES	NO
3. In the past month, have you had chest pain when not doing physical activity?	YES	NO

4. Do you lose balance because of dizziness or do you ever lose consciousness?	YES	NO
5. Do you have a bone or joint problem that could be made worse by physical activity?	YES	NO
6. Is your doctor currently prescribing medication for blood pressure or a heart condition?	YES	NO
7. Are you aware of any other reason why you should not take part in physical activity?	YES	NO
8. Do you currently have any injuries, illnesses or medical conditions that PMF should be aware of?	YES	NO

Additional Information / Medical Notes:

Member Declaration

I confirm that the information provided on this PAR-Q form is accurate to the best of my knowledge. I understand that physical activity carries an element of risk and agree to inform PMF Fitness Solutions of any changes to my health or medical condition.

Signature:		Date:	
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