

PILATES4.ME PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q)

Name & Surname			
ID Number			
Contact Number			
Physical Address			
Email Address			
Emergency Contact Person & Contact Number			
Please read the following questions carefully and tick if you have ever had any of the below mentioned conditions:			
 □ Do you have any physical injury that may prevent or limit you from exercising? □ Do you know of any reason why you should not do any physical activity? □ Have you been told by a doctor not to exercise in the last 6 months? □ Are you pregnant? How many weeks pregnant? 			
		☐ Up to 6 weeks post-natal?	
		Have you ever had?	
☐ A Heart attack ☐ Heart Surgery			
☐ Cardiac catherization			
☐ Coronary angioplasty			
☐ Heart valve disease			
☐ Heart failure			
☐ Congenital heart disease			
☐ Pacemaker/ implantable defibrillator/ rhythm d			
THE PACEMAKER IMPLANTANCE CENTRICATOR PROGRAM OF	sturhance		

 □ Pain in chest, neck, jaw, upper limb or upper back when exercising □ Abnormal shortness of breath at rest/ during mild exertion / when lying flat □ Dizziness, fainting or blackouts during / after exercise □ Swollen ankles □ Abnormal heart beats or palpitations □ Long standing leg/ calf pain when exercising that is relieved by rest 	
Do you have health issues such like? Diabetes Type 1 diabetes Type 2 diabetes Asthma or other lung disease Hypertension Renal disease Take prescription medication/s List chronic medications:	
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The responses set out in this document strictly govern your relationship with Pilates4.Me. Your responses shall not be shared with Discovery Vitality or any other third party. If one or more of the above checkboxes are ticked, you are advised to consult with your doctor and get clearance from your doctor before engaging in any physical activity. Should there be any changes to your health, please advise your instructor or Pilates4.Me management of this.	
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