



# GENESIS CLASSES PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Before you undertake any physical activity with Genesis, we need to know a little about you. Please answer the following questions fully and to the best of your knowledge. All information gathered will be treated as confidential.

<b>Full Name:</b>	<b>D.O.B:</b>	<b>Age:</b>
<b>Address:</b>	<b>Occupation:</b>	
<b>Postcode:</b>		
<b>Phone / Mobile:</b>	<b>Who to contact in an emergency:</b>	
<b>Email:</b>	<b>Name:</b>	
	<b>Phone:</b>	

Please answer either Yes or No to the following questions (please circle the correct answer) Yes No

- Do you have any personal history of heart disease (heart attack or stroke)? Y N
- Do you have any family history of heart disease prior to the age of 55yrs? Y N
- Has your blood pressure ever been measured as high (>140/90mmHg)? Y N  
If known, please give details of last reading:
- Do you experience shortness of breath at rest or during light exercise (incl. Asthma)? Y N
- Do you ever experience any dizziness or fainting? Y N
- Are you pregnant or post-natal? Y N
- Have you ever experienced any pain or discomfort in your chest or fluttering of the heart? Y N
- Do you have diabetes (Type 1 or 2) or any other metabolic disease (thyroid, renal, liver)? Y N
- Do you have a known heart murmur or ever experience an irregular heart beat? Y N
- Are you currently taking any prescribed medication (please list below)? Y N
- Have you recently been hospitalised for treatment or surgery? Y N
- Are you currently a cigarette smoker? Y N
- Do you currently drink more alcohol than 21 units (men) or 14 units (women) each week? Y N
- Has your blood cholesterol ever been measured as high? Y N  
If yes, please give details of last reading:
- Do you have any muscle, bone or joint problems (please give details below)? Y N
- Do you currently have a sedentary lifestyle or exercise less than 3 x 30 mins each week? Y N
- Do you know of any other reason why you should **not** do physical activity? Y N

If you answered **Yes** to any question please provide details below and discuss them with your Genesis trainer before your first session. You may be asked to talk to your doctor before becoming more physically active. Please also include here anything else you think we should know about you (please continue overleaf if required):

**Please read the below and sign to signify your agreement:**

- ☐ I have read, understood and answered fully and honestly the questions above. I wish to participate in physical exercise as prescribed by my Genesis trainer, and understand I am undertaking this exercise at my own risk.
- ☐ I understand that I must alert my trainer or practitioner if I feel dizzy or unwell during the session.
- ☐ I understand that it is my responsibility to inform my trainer of any conditions or changes in my health.
- ☐ I release, discharge and absolve Genesis Mind and Body from any and all liability or responsibility for any accident or injury that may occur in or away from the studio, except where such accident or injury is caused by negligence of Genesis personnel.
- ☐ I understand that Genesis Mind and Body is not liable for the loss, theft or damage to any personal property.

**SIGNED:**

**DATE:**

**PRINT NAME:**