Personal Training Health Questionnaire, PAR-Q & Informed Consent

Client Details

Name: _____

Date of Birth: _____

Address: _____

Email: _____

Telephone: ____

Emergency Contact: ___

Emergency Contact Number: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Please answer **Yes** or **No** to each question.

1. Has a doctor ever told you that you have a heart condition or that you should only undertake physical activity recommended by a healthcare professional? ☐ Yes ☐ No

2. Do you experience chest pain during physical activity? ☐ Yes ☐ No

3. Have you experienced chest pain within the past month when not exercising? ☐ Yes ☐ No

4. Do you lose your balance due to dizziness, or have you ever lost consciousness? ☐ Yes ☐ No

5. Do you have any bone, joint, muscle or back condition that could be made worse by exercise? ☐ Yes ☐ No

6. Are you currently taking medication for blood pressure, heart disease or any condition that may affect exercise? ☐ Yes ☐ No

7. Are you pregnant, have you recently given birth, or has your doctor advised restrictions on physical activity? ☐ Yes ☐ No

8. Do you have diabetes, asthma, epilepsy or any other medical condition that could affect your ability to exercise safely? ☐ Yes ☐ No

9. Is there any other reason why you believe you should not participate in exercise or increase your level of physical activity? ☐ Yes ☐ No

If you answered **Yes** to any question, please provide details below:

Lifestyle Information

Current occupation: ____

Exercise experience: ____

Primary fitness goals:

☐ Weight loss

☐ Muscle gain

☐ General fitness

☐ Sports performance

☐ Mobility

☐ Injury rehabilitation (subject to medical clearance)

☐ Other: _____

Do you smoke? ☐ Yes ☐ No

Average weekly alcohol consumption:

Average hours of sleep per night:

Medical Declaration

I confirm that the information I have provided is accurate and complete.

I agree to inform my trainer immediately if my health changes or if I develop any condition that may affect my ability to exercise safely.

Where appropriate, I understand that I may be asked to obtain written medical clearance from my GP or healthcare professional before participating in exercise.

Informed Consent

I understand that:

- Exercise involves inherent risks including muscle soreness, strains, sprains, falls, abnormal blood pressure responses, heart complications and, in rare cases, serious injury.
- No guarantee has been made regarding the results of any training programme.
- I voluntarily participate in all exercise sessions and accept responsibility for my own health and wellbeing.
- I may stop exercising at any time if I feel unwell or experience pain, dizziness or discomfort.
- I agree to follow all reasonable safety instructions given by my trainer.

Nothing in this agreement excludes or limits liability where it cannot legally be excluded under UK law.

Client Signature

Name: _____

Signature: _____

Date: _____

Trainer Signature

Name: _____

Signature: _____

Date: _____