



EPTI PAR-Q

Name:	
--------------	--

Address:	
-----------------	--

e-mail:		Tel. No.	
----------------	--	-----------------	--

This questionnaire has been designed to ensure that you begin activity quickly and safely. Please complete this questionnaire by ticking where appropriate.

Do you or have you suffered from the following:

Physical disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension or raised blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conditions associated with heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Strokes, rheumatic fever, high cholesterol, palpitations, murmurs or pains in the chest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A family history of heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory trouble, Asthma, Bronchitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint pains/stiffness, severe back pains or arthritis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dizziness or fainting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you recovering from an illness or operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been medically recommended to undertake supervised activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any reason not mentioned here why you should not partake in regular physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the above, please provide more details below:	

I acknowledge that the nature of exercise I am about to undertake has been fully explained. Whilst I am aware that all care will be taken by my trainer, I do so at my own risk.

SIGNED:		DATE:	/ /
----------------	--	--------------	-----