



## Physical Activity Readiness Questionnaire (PAR-Q)

This PAR-Q is designed to help you to help yourself. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating YES or NO. Common sense is your best guide for answering these questions.

**Full Name:**

**DOB:**


**Contact number:**

**Email:**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? <b>YES/NO</b>
2. Do you feel pain in your chest when you do physical activity? <b>YES/NO</b>
3. In the past month, have you had chest pain when you were not doing physical activity? <b>YES/NO</b>
4. Do you lose your balance because of dizziness, or do you ever lose consciousness? <b>YES/NO</b>
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity? <b>YES/NO</b>
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? <b>YES/NO</b>
7. Do you know of any other reason why you should not do physical activity? <b>YES/NO</b>
8. Are you pregnant, you suspect you could be or given birth in the last 6 weeks? <b>YES/NO</b>

If you have answered:

- ✔ **NO**, to all the above questions and you have reasonable assurance of your suitability for exercise, **sign the participant declaration**
- 🛑 **YES**, to one or more questions, then you should consult with your doctor to clarify that it is safe for you to participate in Kangoo Jumps rebound exercise at this current time and in your current state of health

 **Delay** becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

**Participant Declaration**

I have read, understood, and accurately completed this questionnaire. I confirm that I am voluntarily engaging in Kangoo Jumps rebound exercise, and my participation involves a risk of injury.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Having answered YES** to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If signing for a minor (someone under the age of 18)

Full name of Parent/ Responsible Adult:

Signature of Parent/ Responsible Adult:

*Note: This PAR-Q becomes invalid if your condition changes so that you would answer YES to any of the 8 questions. Please be aware that it is your responsibility to inform us if there is a change to any of your answers on the PAR-Q.*