

Physical Activity Readiness Questionnaire

This is to be completed in preparation for physical activity, it is important that you disclose ALL of your existing medical conditions so that you can determine whether to seek further medical advice before commencing an exercise programme. This questionnaire does not provide medical advice in any form, if that is needed you must consult your qualified medical professional

If you answer **YES** to any of the above PARQ questions please make sure you have consulted your GP or medical professional and have clearance to exercise with us

VERY IMPORTANT PART!

The information in this document is intended for general reference purposes only and is not intended to address specific medical conditions.

This information is not a substitute for professional medical guidance or a medical exam. Prior to participating in any exercise programme you should seek the advice of a qualified health professional. No health information in this document should be used to diagnose, treat, cure or prevent any medical condition. Fitness Fox London LTD and Milk it Mama LTD shall not be liable for any claims, demands, damages, rights of action, present or future arising out of completing or any information contained in this document

Please review and fill out the form on the page below

PARQ Questions

If you answer YES to any of the below PARQ questions please make sure you have consulted your GP or medical professional

1. Have you ever been told you have a heart condition? Have you had a stroke YES or NO
2. Do you ever have unexplained pains in your chest at rest or when exercising YES or NO
3. Do you consistently suffer or feel faint or have spells of dizziness? YES or NO
4. Do you suffer from asthma and require medications? YES or NO
5. Do you suffer from any major muscle or joint conditions that may limit or be aggravated by physical activity YES or NO
6. Do you suffer from any medical conditions that could be made worse by physical activity?
YES or No

7. Do you suffer from high or low blood pressure? YES or NO

8. Have you had a baby in the last 6 months? YES or NO