

The Reformer Room Physical Activity Readiness Questionnaire (PAR-Q)

Name:

Gender:

Email address:

Age:

Contact number:

Emergency contact name:

Emergency contact number:

This PAR-Q is designed to help you help yourself. Many benefits are associated with regular Wellness practice, and completion of the PAR-Q form is a sensible first step to take if you are planning to join a wellness class.

For most people, Reformer Pilates should not pose a problem or hazard. The PAR-Q has been designed to identify a small number of people who might need exercise modified or who should seek medical advice before joining a Reformer Pilates class. Common sense is your best guide for answering these questions.

Have you attended a wellness activity class before, either in a group or 121?

If answered YES, how long have you practised Reformer Pilates? And what style have you practised?

Please indicate in the boxes below whether or not you have any of the following medical conditions, and then provide further information.

Abdominal disorder or recent surgery	YES / NO	Hip sensitivities	YES / NO
Arthritis (osteo or rheumatoid)	YES / NO	Shoulder/neck sensitivities	YES / NO

Unspecified back pain	YES / NO	Heart disorders	YES / NO
Spinal injury	YES / NO	High/ Low blood pressure	YES / NO
Joint replacement	YES / NO	Osteoporosis	YES / NO
Knee sensitivities	YES / NO	Other	YES / NO

Further information (for any boxes you answered yes to):

Please note that these conditions may also affect your practice, and so it will be useful for your instructor to be aware of them:

Asthma	YES / NO	Diabetes	YES / NO
Anxiety/Depression	YES / NO	Auto-immune disorder	YES / NO
Epilepsy	YES / NO	Balance affecting disorder	YES / NO
Respiratory issues	YES / NO	Migraine	YES / NO
Sensory disorder affecting the eyes or ears	YES / NO	Other	YES / NO

Further information (for any boxes you answered yes to):

Are you currently pregnant or think you might be pregnant?

☐ Yes

☐ No

If yes, please provide how many weeks and any relevant details we should be aware of to ensure your class is safe and appropriate:

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Please take care when filling in this ParQ and check that the contents are accurate.

- By submitting this Par Q, you are confirming that the contents are true and accurate to the best of your knowledge.
- Please notify your instructor of any changes to your responses in this ParQ before participating in classes after those changes.
- If you have declared a health condition, please contact the instructor before the class to request suitable modifications or adjustments wherever possible.
- In all classes, always follow your instructor's safety instructions and listen to your body. Where a movement or class is beyond your experience or ability, feels too difficult for you, or you experience any discomfort, please do not continue the movement.

Participant Declaration

All persons who have completed the PAR-Q+, please read and sign the declaration below. If you are less than the legal age required for consent or require the assent of a care provider, your parent/guardian or care provider must also sign this form.

"I confirm that where any medical condition, discomfort or injury which may be affected by physical activity applies or becomes applicable at any time when I am participating in a class, I am responsible for checking with my doctor to ensure I can participate in this activity."

Signed:

Print Name:

Address (including postcode):

Date: