

PAR-Q AND SCREENING FOR A PREGNANCY EXERCISE PROGRAM

Name and Surname _____

Date of Birth _____ Cell No _____

Email Address _____

Due Date _____ Hospital _____

OB Gyn/Doctor Name _____

Next of Kin Name _____ Next of Kin Contact No _____

Regular physical activity is fun and healthy, especially during pregnancy. However, we would recommend that you complete this questionnaire and check with your doctor before embarking on any new activity programme. Please read the questions carefully and answer each one honestly. All responses will be treated with the strictest of confidence.

GENERAL HEALTH

Please circle the appropriate answer, YES or NO and where you answer YES, please provide details

1. Has your doctor ever said that you have a heart condition? YES / NO

If YES, please give details:

2. Do you feel pain in your chest when you do physical activity? YES / NO

3. In the past month, have you had chest pain when you were not doing physical activity? YES / NO

4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES / NO

5. Do you have back/pelvic or other joint problem that could be made worse by a change in your physical activity? YES / NO
If YES, please give details:

6. Do you suffer from raised blood pressure? YES / NO
If YES, is this pregnancy related and how is it being treated?

7. Do you suffer from diabetes? YES / NO
If YES, is this pregnancy related and how is it being treated?

8. Do you suffer from asthma? YES / NO
If YES, how is this controlled?

9. Do you know of any other reason that could affect your participation in exercise?
YES / NO

If any of the information above should change, I agree to inform my instructor immediately.

Signed _____ Date _____

PRE-EXERCISE HEALTH CHECKLIST

Please circle the appropriate answer, YES or NO and where you answer YES, please provide details

1. Is this your first pregnancy? YES / NO

If NO, how many pregnancies have you had?

2. In the past have you experienced any pregnancy complications? YES / NO

If YES, please give details:

3. Are you/were you a regular exerciser before becoming pregnant? YES / NO

If YES, please give details about the type of frequency of exercise:

I, _____ (your name), confirm that I have obtained consent from my doctor to exercise with no limitation.

Signed: _____ Date: _____

Name and Surname: _____