FIN2FIT

Instructors Par Q Form

Name: ..... Date: .....

Address: .....

Home Phone No: ..... Mobile No: .....

Date of Birth: .....

In Case of Emergency Contact:: .....

Relationship: ..... Contact Tel No: .....

Doctor Name: ..... Surgery Name: .....

Address: .....

Phone No: .....

Are you currently under a doctor's care: Yes ☐ No ☐

If yes, explain: .....

Do you take any medications on a regular basis? Yes ☐ No ☐

If yes, please list medications and reasons for taking: .....

Have you been recently hospitalised? Yes ☐ No ☐

If yes, explain: .....

Do you smoke? Yes ☐ No ☐

Are you pregnant? Yes ☐ No ☐

Do you drink alcohol more than three times/week? Yes ☐ No ☐

Is your stress level high? Yes ☐ No ☐

Are you moderately active on most days of the week? Yes ☐ No ☐

Do you have: Yes ☐ No ☐

High blood pressure? Yes ☐ No ☐

High cholesterol? Yes ☐ No ☐

Diabetes? Yes ☐ No ☐

Known heart disease? Yes ☐ No ☐

Rheumatic heart disease? Yes ☐ No ☐

A heart murmur? Yes ☐ No ☐

Chest pain with Exertion? Yes ☐ No ☐

Irregular heart beat or palpitations? Yes ☐ No ☐

Light-headedness or do you faint? Yes ☐ No ☐

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Unusual shortness of breath?	Yes ☐	No ☐
Cramping pains in legs or feet?	Yes ☐	No ☐
Emphysema?	Yes ☐	No ☐
Other metabolic disorders (thyroid, kidney, etc.)?	Yes ☐	No ☐
Epilepsy?	Yes ☐	No ☐
Asthma?	Yes ☐	No ☐
Back pain: upper, middle, lower?	Yes ☐	No ☐
Other joint pain (explain on back of form)?	Yes ☐	No ☐
Muscle pain or an injury (explain on back of Form)?	Yes ☐	No ☐

To the best of my knowledge, the above information is true.

Signature: ..... Print Name: .....

Date: ..... Witness: .....