

Personal Details - PLEASE WRITE IN BLOCK CAPITALS

To be completed by a parent or guardian for under 16s

Miss/Mrs/Mr/Master

Surname: _____ First Name: _____

Date of birth: ____ / ____ / ____ Age _____ Address: _____

_____ Post Code: _____

E-mail: _____ Phone: _____

Many health benefits are associated with regular exercise, and the completion of a PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

If you are between the ages of 11 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.

Health Screening Questions

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you had chest pain when you are not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your doctor currently prescribing medication (for example water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know of any other reason why you should not do physical activity (including being pregnant or having given birth in the last 3 months)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes please comment:		

If you answered YES to one or more questions:

You should consult your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to ALL of the questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. Engaging with our instructor team can help determine your ability levels and safely develop your training.

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

Signature: _____ 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: _____ Date: _____