

Confidential Physical Activity Readiness Questionnaire - ParQ

Name:	
Address:	
Postcode:	
Telephone Number:	
Email:	
Emergency Contact:	

Please indicate below whether you suffer or have suffered from any of the following:

- | | |
|---|-------|
| 1. High or low blood pressure | Y / N |
| 2. Asthma | Y / N |
| 3. Diabetes | Y / N |
| 4. Epilepsy | Y / N |
| 5. Arthritis | Y / N |
| 6. High or Low Blood Pressure | Y / N |
| 7. Other Circulatory Problems | Y / N |
| 8. A Heart Condition | Y / N |
| 9. Back or Joint Pain | Y / N |
| 10. Faintness or Dizzy Spells | Y / N |
| | |
| 11. Are you pregnant or have you given birth within the last 12 weeks? | Y / N |
| 12. Have you had a pacemaker fitted? | Y / N |
| 13. Have you had any surgery or medical procedure within the last year that may impact on your ability to participate in any physical activity? | Y / N |
| 14. Are you currently taking any prescribed medications that advise you should not exercise, | |
| 15. or have side effects that could pose a risk to you participating in any physical activity? | Y / N |

If you have answered yes to any of the above please provide additional details below:

Declaration:

Whilst I understand that every precaution will be taken whilst under instruction, I accept full responsibility for my actions and consider myself fit enough to participate in exercise. I can confirm that I have declared all injuries and medical conditions and that if I have answered yes to any of the above I have obtained medical advice and clearance to exercise. I also confirm that I will advise my instructor of any new medical conditions or injuries as they arise BEFORE participating in any exercise.

SIGNED:.....

DATE:.....