

## Physical Activity Readiness Questionnaire (PAR-Q)

### Student Details

Full name:	
Date of Birth (age):	
Gender (M/F/prefer not to say):	
Contact number:	
Course applied to:	

### Emergency Contact details

Emergency contact name:	
Emergency contact relation:	
Emergency contact number:	

Please read and complete the following section carefully in order to participate in physical activity.

All forms will be screened by a staff member to ensure it is safe for you to participate.

Any potential conditions highlighted may require staff members to ask further questions, or may require GP approval to ensure safe participation in physical activity.

### Pre-Physical Activity Questionnaire

If answered yes (Y) to any question, please give further details in the box provided.

	Yes	No	Further details
Has a doctor ever said that you have a heart condition OR high blood pressure?			
Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?			
Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?			

Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?			
Are you taking prescribed medications for a chronic medical condition?			
Do you currently have (or have had in the past 12 months) a bone, joint, or soft tissue (muscle, ligament, tendon) problem that could be made worse by becoming more physically active?			
Has your doctor ever said that you should only do medically supervised physical activity?			

### Participant declaration

If you have answered **NO** to all the above questions, you are cleared to take part in physical activity.

If any of the above information changes, it is the participants responsibility to notify staff members, in order to review physical readiness.

Please sign below to confirm that you have read, understood and completed all sections of the PAR-Q form:

<b>Name:</b>	
<b>Signature:</b>	
<b>* Parent/guardian signature (if under 16 years)</b>	
<b>Date:</b>	

*\*parent/guardian signature is also required for any participant under 16 years old*