



PRE-ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Before you start your class you must complete this PAR-Q. The information contained within this form will help determine if you are safe to use the facilities. If there is ever any doubt regarding your fitness to attend a class you should seek advice from your doctor. If you are showing signs of COVID-19, or living in a household with someone else who has a possible or confirmed COVID-19 infection you should not attend the class.

All information you record on this form will be treated with the utmost confidentiality, it will be stored in a secure place and made available to you at any time. You are not required to provide information on health conditions, however by signing this form you are declaring that there is no health reason why you cannot exercise.

Contact details

Title		Emergency Contact Full name	
First name		Emergency Contact Phone Number	
Last name			

Additional comments about contact details (if applicable):

Health assessment

If you are intending to take part in physical activity or regular sport/exercise, you are new to exercise or you have a health condition, you may need to consult your doctor. If your answer to any of the following questions is "yes" please contact your doctor and have them appropriately advise you prior to attending the class.

Do you have a history of coronary heart or artery disease or a heart condition/chest pain/palpitations/high blood pressure/low blood pressure/shortness of breath? YES NO

Do you have high cholesterol? YES NO

Do you have bone/joint or orthopaedic conditions that could be made worse by physical activity such as arthritis? YES NO

Do you suffer from breathing difficulties, chronic illness or physical limitations such as asthma or diabetes? YES NO

Have you undergone surgery in the last 12 months or are you carrying any injuries? YES NO

Have you had a stroke or transient ischaemic attack (TIA), or family history of conditions relating to blood clots? YES NO

Do you have problems with your balance or dizzy spells or you have had a fall in the last 12 months? YES NO

Do you suffer from a sight or hearing impairment? YES NO

Have you given birth in the last 3 months or are currently pregnant?

YES NO

Do you take any medications, either prescription or non-prescription regularly?
If yes, please list medication details:

YES NO

Do you know of any other factors which may affect your ability to participate in physical activity?
If yes, please give details:

YES NO

Changes in health

If you proceed with a programme of physical activity and, during that period, your health changes, please consult your doctor immediately as you may need to change or even suspend your physical activity. If you feel unwell please inform a member of staff if you plan to continue to attend the class.

Client declaration

I agree that the details I have provided are correct and that I will consult my doctor immediately if anything changes that may affect my ability to exercise or related to my emergency contact details. If I feel light-headedness, faint, chest discomfort, leg cramps, fatigue, discomfort, pain or nausea then I will immediately stop using the equipment. I agree to only use equipment which is suitable to my abilities and competencies and will seek advice from a member of the Staff on the use of the equipment if I do not know how to correctly use or operate it. I can confirm if I show signs of COVID-19, or if someone in my household is showing signs I will not attending the class. I confirm that I will observe the rules and understand that I am responsible for ensuring that I am fit to attend, take part; and that I do so at my own risk

Signed:

Print name:

Date: / /