



| <b>PARQ</b><br>physical activity readiness questionnaire  |                        |
|---|------------------------|
| <b>Name:</b>  | <b>Date completed:</b> |
| <b>Telephone:</b>   | <b>Email</b>           |
| <i>Please delete as appropriate:</i>  |                        |
| <b>Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?</b>  | <b>Yes/No</b>          |
| <b>Do you have chest pain brought on by physical activity?</b>  | <b>Yes/No</b>          |
| <b>Have you developed chest pain in the last month?</b>   | <b>Yes/No</b>          |
| <b>Do you tend to lose consciousness or fall over as a result of dizziness?</b>   | <b>Yes/No</b>          |
| <b>Do you have a bone or joint problem that could be aggravated by the proposed physical activity?</b>  | <b>Yes/No</b>          |
| <b>Has a doctor ever recommended medication for your blood pressure or a heart condition?</b>   | <b>Yes/No</b>          |
| <b>Are you aware, through own experience or from a doctor's advice, of any other physical reason why you should not exercise without medical supervision?</b>   | <b>Yes/No</b>          |
| <b>Are you currently, or have been pregnant in the last six months?</b>   | <b>Yes/No</b>          |
| <b>Are you currently a member of Hillhead Sports Club?</b>  | <b>Yes/No</b>          |
| I have read, understood and completed the questionnaire.<br>All questions are completed to my full satisfaction and accurate at time of signing.  |                        |
| <b>Signed:</b> ..... <b>Date:</b> .....   |                        |
| <b><i>If you have answered yes to any of the questions above: -</i></b> <ul style="list-style-type: none"> <li>• <i>Please contact your doctor to discuss your planned increased activity.</i></li> </ul> |                        |
| <b><i>If your health subsequently changes, please inform the instructor immediately.</i></b>  |                        |