|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | **D.O.B.** |  |
| **Address:** | |  | | | | | |
| **Postcode:** | | |  | **Phone Number:** |  | | |
| **Email:** |  | | | | | | |

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| --- |
| **PAR-Q**  **This Physical Activity Readiness Questionnaire** will be treated confidentially. The PAR-Q will provide details of your health and will highlight any medical conditions that you have shared on this form to ensure the exercises in the class are safe and effective for you.  **PLEASE check with your doctor before you significantly change your physical activity patterns**. |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact Details:** | **Name:** | **Number:** |

|  |  |  |  |
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| **QUESTIONS - Please Tick** | | **YES** | **NO** |
| 1. Has your doctor ever said you have a heart condition and only to perform physical activity  recommended by a doctor? | |  |  |
| 2. Do you live with any heart related problems? | |  |  |
| 3. Do you feel pain in your chest when you take part in any physical activity? | |  |  |
| 4. Have you felt pain in your chest when not doing physical exercise in the last month? | |  |  |
| 5. Do you lose your balance due to dizziness or lose consciousness? | |  |  |
| 6. Is your doctor prescribing medication for your blood pressure or a heart condition? | |  |  |
| 7. 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? | |  |  |
| 8. Are you living with any specific identified medical condition  eg Diabetes, Arthritis, Osteoporosis or any breathing conditions? | |  |  |
| 9. Do you know of ANY OTHER REASON why you should NOT engage in physical activity? | |  |  |
| **I have read, understood, and accurately completed this questionnaire.**  Please write on the back of this sheet any further information you think the teacher should know and if you have answered YES to any questions please consult your doctor before participating. | |  |  |
| **I will self-isolate and not attend my class if I have any symptoms or test positive for Covid 19 or any other infectious diseases.** | |  |  |
| **I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation may involve a risk of injury.** | |  |  |
| **In accordance with GDPR - General Data Protection Regulations - I give consent for my teacher to collect and store my personal details for class purposes ONLY.** | |  |  |
| **Print Name:** | **Signature:** | | |
| **Date:** | | | |
| **Reviewed; Signature & Date** | | | |
| **Reviewed; Signature & Date** | | | |