### Health and safety questionnaire

### PAR-Q

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ***Medical history*** | |  |
| 1 | Have you ever suffered from heart trouble? | YES / NO |
| 2 | Are you presently taking any form of medication? | YES / NO |
| 3 | Do you suffer from chest pains? | YES / NO |
| 4 | Do you ever have spells of dizziness or feel faint? | YES / NO |
| 5 | Have you ever had either high or low blood pressure, and/or high cholesterol level? If YES please indicate which | YES / NO |
| 6 | Have you ever had asthma, chronic bronchitis or any other chest ailments? If YES Please indicate which: | YES / NO |
| 7 | Do you suffer from back pain or any orthopaedic problem? If YES please indicate which: | YES / NO |
| 8 | Do you suffer from severe headaches or migraines? | YES / NO |
| 9 | Are you recuperating from a recent illness/operation or injury? If YES please expand: | YES / NO |
| 10 | Have you any medical condition that we should be aware of? | YES / NO |
| 11 | Are you pregnant? If yes, how many months? | YES / NO |
| 12 | Is there any history of heart disease in your immediate family (under the age of 55)? | YES / NO |

**PLEASE NOTE**:

If you answered YES to any of questions 1-12, you are advised to seek medical advice/approval before commencing an exercise induction or exercise programme or consult further with your instructor.

*I have been informed both verbally and in writing that if I answer YES to any of questions 1-12 of this questionnaire, I should seek medical advice/approval before commencing an exercise programme and/or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the Centre and any of its employees cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme.*

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_