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# **PAR Q Form**

**Forename:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address:**

**Please delay exercise if;**

* You are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better
* If you are or may be pregnant, talk with your doctor before you start becoming more active.
* Please consult a Doctor if you develop a condition that may be aggravated by exercise

|  |  |  |
| --- | --- | --- |
| **Please read the questions below carefully and answer each one honestly (check YES or NO)** | **YES** | **NO** |
| 1) Has your doctor ever said that you have a heart condition **OR** high blood pressure? |  |  |
| 2) Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity? |  |  |
| 3) Do you lose balance because of dizziness **OR** have you lost consciousness in the last 12 months? Please answer **NO** if your dizziness was associated with over-breathing (including during vigorous exercise). |  |  |
| 4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? |  |  |
| 5) Are you currently taking prescribed medications for a medical condition? |  |  |
| 6) Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer **NO** if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other. |  |  |
| 7) Has your doctor ever said that you should only do medically supervised physical activity? |  |  |

If you checked YES to any of the above, please provide details:

Please provide the name, address and number of your doctor in the space below

**Emergency Contact Name & Address:**

**Emergency Contact Number:**

**Emergency Contact Relationship:**

The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. If you feel you meet this definition and need additional support or adjustments to the service provided to you by the Fitness Centre, please notify a member of the Fitness Team

Further information requested

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Outcome

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No action required Doctors letter requested

**Once doctor’s letter is presented please copy and attach to form.**

Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION AND AUTHORISATION**

I confirm that the information given is a true and accurate statement. I understand that if I have declared any of the conditions listed, further information may be requested.

Please be aware that it is your responsibility to inform us if there is a change to any of your answers on the PAR-Q.

**Member Signature: Date:**

The information that you have provided constitutes personal data and as such will be processed in accordance with the Data Protection Act 1998 by MPT, being a public authority, as a Data Controller defined in the Act.