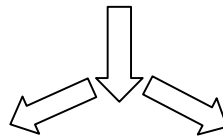


Physical Activity Readiness-Questionnaire

This questionnaire has been designed to ensure that you begin physical activity here at The King's School Recreation Centre as safely and effectively as possible. Please read the seven questions below carefully and answer each one honestly by ticking the relevant boxes. If you are between the ages of 15 and 69, the PAR-Q will tell you if you need to check with your doctor before you start exercising. If you are over 69 years of age and unaccustomed to physical activity, we advise that you check with your doctor first.

- | YES | NO | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Do you have a heart condition and /or have you ever been recommended for medically supervised activity by a doctor? |
| <input type="radio"/> | <input type="radio"/> | 2. Do you suffer from chest pain during physical activity? |
| <input type="radio"/> | <input type="radio"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="radio"/> | <input type="radio"/> | 4. Do you tend to lose your balance due to dizziness or do you ever lose consciousness? |
| <input type="radio"/> | <input type="radio"/> | 5. Are you currently taking prescribed medication for your blood pressure or heart condition? |
| <input type="radio"/> | <input type="radio"/> | 6. Do you have a bone or joint problem that could be aggravated by physical activity? |
| <input type="radio"/> | <input type="radio"/> | 7. Is there any other reason why you should not begin physical activity today? |



If answered **Yes** to any of the questions above:
Talk with your doctor in person before you have your fitness appraisal. It is important to find out what activities may/may not be suitable for you before you continue any further with your exercise plan.

If answered **No** to **All** of the above:
You can be reasonably sure that you can start becoming much more physically active. Begin slowly and build up gradually.

- | YES | NO | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 8. Do you suffer from Epilepsy? |
| <input type="radio"/> | <input type="radio"/> | 9. Do you suffer from Diabetes? |
| <input type="radio"/> | <input type="radio"/> | 10. Are you Asthmatic? |
| <input type="radio"/> | <input type="radio"/> | 11. Do you have high or low blood pressure? <input type="radio"/> (Don't know) |
| <input type="radio"/> | <input type="radio"/> | 12. Do you have a high cholesterol level? <input type="radio"/> (Don't know) |
| <input type="radio"/> | <input type="radio"/> | 13. Do you currently smoke? If yes, how many? |
| <input type="radio"/> | <input type="radio"/> | 14. Are you currently pregnant? |
| <input type="radio"/> | <input type="radio"/> | 15. Do you exercise regularly? If yes, how often? |
| <input type="radio"/> | <input type="radio"/> | 16. Are you currently taking any prescribed medication? If so, what? |

Please Note: If your health changes so that you answer YES to any of the previous questions, it is important that you inform your fitness or health professional as it may be necessary that you change your physical activity plan in order to make it suitable for you.

Please highlight below any goals that are relevant to you:

- | | | | |
|-----------------------|-----------------------------|-----------------------|-----------------------------|
| <input type="radio"/> | Reduce body fat | <input type="radio"/> | Look/ feel better |
| <input type="radio"/> | Reduce stress | <input type="radio"/> | Improve diet |
| <input type="radio"/> | Improve aerobic fitness | <input type="radio"/> | Increase flexibility |
| <input type="radio"/> | Increase muscular endurance | <input type="radio"/> | Injury Rehabilitation |
| <input type="radio"/> | Increase muscular strength | <input type="radio"/> | Sports specific goals |

Informed use of the PAR-Q: The King's School Recreation Centre in Canterbury/ Kent, assume no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

Full Name:

D.O.B:

Address:

Telephone No:

Emergency Contact:

G.P. Name and Address:

G.P. Telephone No:

Statement

I recognise that the instructor is not able to provide me with medical advice regarding my medical fitness and that the information provided in this questionnaire is used only as a guideline to the limitations of my ability to exercise.

Signed:

Date:

Signed on behalf of The King's School Recreation Centre:

Date:

Parent/ Guardian signature:

Date:

Disclaimer

I declare that to the best of my knowledge the information given above is correct and that I am unaware of any reason why I should not participate in any form of physical activity. I agree that it is my decision not to have a gym induction and that I enter into exercise entirely at my own risk and I waive any legal recourse for damages to myself which may arise from my own participation in physical activity.

Signed:

Date:

Signed on behalf of The King's School Recreation Centre:

Date: