



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

If you are planning to use the Gymnasium please complete this questionnaire and return it to the Main House Reception before you use the facility. **All information given will be treated in confidence.**

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|---|--|--------|
| 1 | Has your doctor ever advised you that you have a heart condition and that you should only undertake physical activity recommended by a doctor? | Yes/No |
| 2 | Have you ever felt pain in your chest when undertaking physical activity? | Yes/No |
| 3 | Have you ever had chest pain when you were not undertaking physical activity? | Yes/No |
| 4 | Have you ever felt faint or had spells of dizziness? | Yes/No |
| 5 | Have you a joint problem that could be made worse by exercise? | Yes/No |
| 6 | Have you ever been advised that you have high blood pressure? | Yes/No |
| 7 | Are you a new or expectant mother? | Yes/No |
| 8 | Is there any other reason why you should not participate in physical activity?
If so, please provide details: | Yes/No |

If you have answered yes to one or more of the above questions:

It is recommended that you take advice from your Doctor before commencing physical activities.

If you have answered no to all the above questions:

Remember – begin physical activities slowly and build up gradually.

Please provide details of any medication you are taking of which The Hawkhills staff should be aware:

If it is necessary to call for medical assistance please provide an emergency contact name and telephone number:

Please note:

I have read, understood and completed this questionnaire. All questions have been answered to the best of my knowledge.

Name:	Signature:
Address:	Date:
	Telephone No:
	Visitor: Course Ref
	Staff Department:

For Staff Use

If the answer is **YES** to any of the above questions, staff must advise the visitor not to use the Gymnasium facilities and indicate that they have done so by ticking this box.

Name (print) Signature

Date