Sir John Talbot's School

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Whitchurch Leisure Centre

The Physical Activity Readiness Questionnaire (PAR-Q)

...... Date of Birth.....

Disabi	ity Yes / No (please delete as appropriate)			
If Yes,	please indicate			
Medica	Il Details (please tick Yes or No as appropriate).			
Questi	on	Yes	No	
Has your doctor ever said that you have a heart condition and that you				
should only do physical activity recommended by a Doctor?				
Do you feel pain in the chest when you do physical activity?				
In the past month, have you had chest pain when you were not doing physical activity?				
Do you lose your balance because of dizziness or do you ever lose consciousness?				
Do you have a bone or joint problem that could be made worse by a change in your physical activity?				
Is your doctor currently prescribing drugs for blood pressure or heart conditions?				
Do you have blackouts, epilepsy or diabetes?				
Do you know of any other reason why you should not do physical activity?				
 If you have answered YES to any of the above questions please: Talk to your doctor BEFORE you start physical activity. You may be able to do any activity that you wish, provided that you start slowly and build up gradually. Alternatively, you may need to restrict your activities to those which are safe for you to do. Please discuss this with your Doctor and follow their advice. 				
If you	nave answered NO to any of the questions please:			
•	 Start becoming more physically active, begin slowly and build up gradually. This is the safest and easiest way to go. 			
 If your health changes after completion of this questionnaire, which would then mean that you would answer YES to any of the above questions, please cease physical activity and seek your Doctor's advice. 				

