

Physical Activity Readiness Questionnaire (Par-Q)

Regular physical activity can be fun and exhilarating and on the whole is usually safe and enjoyable. To ensure that your time with us is spent enjoying the benefits of physical activity we must verify that you are in sound physical condition and that you have checked with your doctor that you are able to participate in any form of exercise.

By completing the questionnaire below we will be able to monitor your readiness to participate in physical activity.

If you answer **YES** to any of the questions you must consult your doctor to ensure that it is safe for you to start an exercise programme with us. If you answer **NO** to all of the questions then we can be reasonably confident that it is safe for you to undertake an exercise programme with us.

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Yes No
- When you do any physical activity do you feel pain in your chest? Yes No
- Have you ever felt faint or had spells of dizziness? Yes No
- Do you have any bone or joint problems that could be made worse by a change in your physical activity? Yes No
- Have you ever suffered from high blood pressure? Yes No
- Are you currently on any medication that could affect your health by a change in your physical activity? Yes No
- Are you pregnant or have you had a baby in the last 6 months? Yes No
- Are you over 69 years of age? Yes No
- Do you know of any reason why you should not exercise or increase your physical activity? (If yes, please give details below) Yes No

I have completed the above questionnaire honestly and to the best of my knowledge. I accept that I undertake any activities at Trinity College Sports Centre at my own risk. If I have answered yes to any of the questions I have consulted my doctor and gained their agreement to me undertaking a physical activity programme. If my health changes at anytime so that I would answer yes to any of the above then I will cease exercising and consult my doctor.

Signed Date