

Health and Safety Questionnaire - PAR-Q

Name: _____

Address: _____

Telephone: _____ Email: _____

Occupation: _____ Age: _____ Male / Female



Medical history

- 1 Have you ever suffered from heart trouble? YES / NO
- 2 Are you presently taking any form of medication? YES / NO
- 3 Do you suffer from chest pains? YES / NO
- 4 Do you ever have spells of dizziness or feel faint? YES / NO
- 5 Have you ever had either high or low blood pressure, and/or high cholesterol level? If YES please indicate which: YES / NO
- 6 Have you ever had asthma, chronic bronchitis or any other chest ailments? If YES Please indicate which: YES / NO
- 7 Do you suffer from back pain or any orthopaedic problem? If YES please indicate which: YES / NO
- 8 Do you suffer from severe headaches or migraines? YES / NO
- 9 Are you recuperating from a recent illness/operation or injury? If YES please expand: YES / NO
- 10 Have you any medical condition that we should be aware of? YES / NO
- 11 Are you pregnant? If yes, how many months? YES / NO
- 12 Is there any history of heart disease in your immediate family (under the age of 55)? YES / NO

Covid-19

- 1 Have you had Covid-19? If yes, When? YES / NO
- 2 Have you had the vaccine? If yes, When? YES / NO
- 3 Have you had one jab or two?
- 4 If you said yes to having Covid-19.....

Have you experienced what you consider to be any signs or symptoms of Long-Covid?

If not, have you noticed any changes to your normal level of energy, physical activity or exercise that has been altered or seems to be worsened since your exposure to the virus?

PLEASE NOTE: If you answered YES to any of questions, you are advised to seek medical advice/approval before commencing an exercise induction or exercise programme or consult further with your instructor.

I have been informed both verbally and in writing that if I answer YES to any of questions of this questionnaire, I should seek medical advice/approval before commencing an exercise programme and/or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the Centre and any of its employees cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme.

Signed: _____ Date: _____ Consultant: _____