

Seated Exercise PAR-Q Form

Title		First Name			
Surname					
Email Address					
Contact No. <small>please tick preferred</small>			Mobile		
Address (House No. & 1st Address Line)					
Address Line 2					
Address (Town)				Post Code	
In Case of Emergency Contact	Name			Tel Number	

Physical Activity Readiness Questionnaire

Becoming active is very safe for most people. The questions below have been designed to identify a small number of people for whom it might be wise to see a G.P before starting exercise.

1. Has your doctor ever said that you have a heart condition or suffered from a stroke?

CABG

Angioplasty/Stent

Stroke/TIA

ICD/Pacemaker

Heart valve replacement

2. Do you feel pain in your chest at rest or on exertion?

3. Do you ever lose your balance because of dizziness or do you ever lose consciousness?

4. Do you have a bone or joint problem that could be made worse by a change in your physical lifestyle?

5. Do you know of any other reason why you should not take part in a physical activity programme?

6. What is the main reason for you attending?

7. Have you been diagnosed by your doctor or health professional with any of the following medical conditions? Please tick

Asthma	COPD	Epileptic	Arthritis
Osteoarthritis	Osteoporosis	Depression/Anxiety	PVD

8. Have you had a joint replacement or injury/broken bones?

Yes If yes please provide further details No

9. Have you ever been told by a health professional that you have high or low blood pressure?

Yes No

10. Are you Diabetic to your knowledge? *If yes please provide further details*

11. Have you ever been told by a health professional that you have elevated cholesterol?

Yes No

12. Do you have a long standing illness (*i.e. for more than 12 months and likely to continue*) or a disability which affects (*or limits*) your day to day activities? *If yes please provide further details.*

13. Is there anything else that you feel we may need to know, which could lead to exercise having a negative effect on you?

Declaration: I understand that if I have answered "Yes" to one or more of the above questions, I may be asked to seek medical advice before attending the programme. I agree to tell the instructor if there is any change in my medical condition. I understand that I participate at my own risk.

NAME:

SIGNED:

DATE:

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