

Forename: _____

Surname: _____

Date of Birth: _____

Contact Number: _____

Please delay exercise if:

- You are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better
- If you are or may be pregnant, talk with your doctor before you start becoming more active.
- Please consult a Doctor if you develop a condition that may be aggravated by exercise

Please read the questions below carefully and answer each one honestly (check YES or NO)	YES	NO
1) Has your doctor ever said that you have a heart condition OR high blood pressure?		
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).		
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?		
5) Are you currently taking prescribed medications for a medical condition?		
6) Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.		
7) Has your doctor ever said that you should only do medically supervised physical activity?		

If you checked YES to any of the above, please provide details:

Please provide the name, address and number of your doctor in the space below

Emergency Contact Name & Address:
Emergency Contact Number:
Emergency Contact Relationship:

The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. If you feel you meet this definition and need additional support or adjustments to the service provided to you by the Fitness Centre, please notify a member of the Fitness Team

Further information requested
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Outcome
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.....
No action required <input type="checkbox"/> Doctors letter requested <input type="checkbox"/>
Once doctor's letter is presented please copy and attach to form.
Staff Signature _____
Print name _____

DECLARATION AND AUTHORISATION

I confirm that the information given is a true and accurate statement. I understand that if I have declared any of the conditions listed, further information may be requested.

Please be aware that it is your responsibility to inform us if there is a change to any of your answers on the PAR-Q.

Member Signature:	Date:
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