

**CIVILIAN USE OF ARMY OBSTACLE COURSE, PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

**ALL INFORMATION WILL BE TREATED CONFIDENTIALLY**

1. Please complete the necessary details below.

Participants Name: \_\_\_\_\_ DOB \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact name and telephone No: \_\_\_\_\_

2. Please state if you are the parent or guardian of an ACF/CCF participant \_\_\_\_\_.
3. Please read the questions carefully and answer each one honestly.

**QUESTIONS RELATING TO YOUR<sup>1</sup> MEDICAL HEALTH**

| Ser | Question   | Please Choose |    |
|-----|--|---------------|----|
| 1   | 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 |
| 2   | Is your doctor currently prescribing drugs (for example water pills) for blood pressure or a heart problem?                            | Yes           | No |
| 3   | Do you ever feel pain in your chest when you do physical activity?   | Yes           | No |
| 4   | In the past month, have you had chest pain when you are not doing physical activity?   | Yes           | No |
| 5   | Do you ever feel faint or have spells of dizziness?  | Yes           | No |
| 6   | Do you suffer from shortness of breath at any time?  | Yes           | No |
| 7   | If you suffer from asthma, including exercise induced asthma, is there any reason why you should not participate in the activity?      | Yes           | No |
| 8   | Do you have a joint problem (Including neck, back & hip problems) that could be made worse by exercise, including jumping and landing? | Yes           | No |
| 9   | Are you aged 60yrs or older?   | Yes           | No |
| 10  | Are you pregnant or have you given birth in the last 6 months?   | Yes           | No |
| 11  | Are you currently taking any medication of which the instructor should be made aware?<br>If so please state reason:                    | Yes           | No |
| 12  | Is there any other reason why you should not participate in physical activity?<br>If so, please state:                                 | Yes           | No |

4. If you have completed this PARQ in advance of the scheduled activity and your health status changes prior to the start of your activity it is your responsibility to inform the instructor.
5. Your ability to undergo the activity will be monitored during the warm up which will also provide a functional assessment of your ability to proceed onto the Obstacle Course. If the PTI determines that, based on his/her assessment, you are not up to the required standard, you may be refused access to the Obstacle Course.
6. I have read, understood and completed all questions within this questionnaire to my full satisfaction.

Please Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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<sup>1</sup> If completed by a parent/guardian the term you/your used throughout refers to your son/daughter.