

PAR Q Form – Physical Activity Readiness Questionnaire

Welcome to your class. Regular physical exercise is fun and healthy and becoming more active is very safe for most people. Please fill in the assessment below. This form must be completed annually. If you circle any yes responses, give more details overleaf.

- Do you have any medical condition, discomfort or injury which may be affected by physical activity, such as:- a heart condition, angina, high/low blood pressure, dizziness, stroke, epilepsy, diabetes, asthma, an operation within the last 12 months, osteoporosis, back injury, arthritic joints or joint replacement? Yes/No
- Are you pregnant or have given birth within the last 6 weeks? Yes/No
- Are you taking any prescribed medications? Yes/No
(please ensure you have angina/asthma medication with you)
- Do you have any allergies? Yes/No

Please note – your teacher is not a medical practitioner and cannot advise whether any condition could be adversely affected by attending this class.

The responsibility lies with each participant to decide whether they wish to join or continue with a class, assisted by any medical advice they may wish to obtain.

I confirm that where any medical condition, discomfort or injury which may be affected by physical activity applies or becomes applicable at any time when I participate in a class, I am responsible for checking with my Doctor to ensure I am able to participate in this activity.

Print Name:	Signed:
	Date:
Address (inc post code):	
Contact number:	Email:
In case of emergency please contact:	
Name:	Address:
Relationship:	Phone number:

Please note that no liability is accepted for any loss of or damage to any articles, which you may bring with you to classes. Equally, liability is not accepted for loss of or damage to motor vehicles or their contents and these are left at the owner's risk.

Amended August 2014



FITNESS | EXERCISE | MOVEMENT | DANCE

Condition:	Details:

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