**Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Forename |  | Surname |  |  |
| Date of Birth | DD | MM | YYYY | Age |  | Male/Female \*delete as appropriate |  |
| Address |  |  |
| Town |  | County |  | Postcode |  |  |
| Email |  |  |  |  |
| Tel Home |  | Tel Mobile |  |  |
| Emergency Contact |  | Tel |

|  |
| --- |
| *Answer the following questions as honestly as you can and provide as much relevant additional information.* |

**COVID-19 Self Certification**

Are you currently required to be self-isolating? Yes □ No □

**Medical Questions**

***Do you currently or have you ever suffered from any of the following conditions?***

1) Heart problems? Yes □ No □ If **yes**, please provide details below

2) Circulatory problems? Yes □ No □

Supplementary questions to Number 6 on page 2.

3) Blood pressure problems? Yes □ No □

4) Joint, movement problems? Yes □ No □

5) Feel dizzy or imbalance during exercise? Yes □ No □

6) Currently pregnant or recently given birth? Yes □ No □

**Health History**

***Do you currently receive medical care or do any of the following affect you?***

7) Back/spinal pain? Yes □ No □ If **yes**, please provide details below

8) Headaches or migraines? Yes □ No □

9) Have you recently had surgery? Yes □ No □

10) Currently being prescribed medication? Yes □ No □

11) Recently finished a course of medication? Yes □ No □

12) Diabetes? Yes □ No □

13) Asthma or breathing problems? Yes □ No □

Is there is any other reason that you believe may prevent you from taking part in any regular activity?

|  |
| --- |
|  |

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| --- |
| DeclarationI have answered all question in this form honestly and I am aware that if I have answered **yes** to any of the questions I will need to consult my GP before commencing an exercise program if I am affected by any of the questions mentioned in this form now or at a later date I agree to inform my personal trainer or instructor on any changes in health or fitness. |
| Signed: | Print Name: | Date: \_\_ \_\_ / \_\_ \_\_/20 \_\_ \_\_ |
| Instructor: | Print Name: | Date: \_\_ \_\_ / \_\_ \_\_/20 \_\_ \_\_ |

Pre Activity Readiness Questionnaire & Health History

Action Required for YES Responses

**What is the PARQ and why do I need to complete it?**

The PARQ (Pre Activity Readiness Questionnaire) is an industry-standard for fitness professionals and fitness faculties to use when screening clients for exercise.

The reason for doing this is to ensure you (the client) is healthy and will not be put at risk from taking part in a fitness programme or regular exercise.

Fitness professionals are not medical professionals and cannot commence a fitness programme with a client who has provided positive responses to a PARQ. In this case, the client will be referred to their local GP to ensure they are ready for exercise.

A yes to the first 6 questions on the PARQ form overleaf will normally result in a referral to your GP however a YES response to questions 7 to 13 depending on the circumstances of each question will not normally require GP consent.

**The guide below is our policy and we must enforce on all occasions with no exceptions.**

**Action Required for YES Responses to PAR-Q Questions**

1. *Heart problems?* **Refer to GP**
2. *Circulatory problems?* **Refer to GP**
3. *Blood pressure problems?* **Check blood pressure**
	* If blood pressure is lower than 160/95 mmHg no referral is necessary
	* If blood pressure is between 140/90 and 160/95 induct on CV only (Advice to see Doctor)
	* If blood pressure is between 160/95 and 180/100 accept on GP referral only
	* If blood pressure is 180/100 or higher will not be accepted
4. *Joint, movement problems?* **Refer to GP**
5. *Feel dizzy or imbalance during exercise?* **Refer to GP**
6. *Currently pregnant or recently given birth?* **Ask more questions about pregnancy/birth:**
	* If pregnant and after the first three months, no referral is necessary
	* If pregnant, within the first three months and was exercising regularly before became pregnant, no referral is necessary
	* If pregnant within the first three months and not already exercising regularly, refer to GP
	* If had a natural birth less than 6 weeks ago refer to GP
	* If had caesarean section less than 10 weeks ago refer to GP

**Action Required for YES Responses to Health History Questions**

1. *Back/spinal pain?* **Please provide details.**
2. *Headaches or migraines?* **Please provide details.**
3. *Have you recently had surgery?* **Please provide details.**
4. *Currently being prescribed medication?* **Please provide details.**
5. *Recently finished a course of medication?* **Please provide details.**
6. *Diabetes?* **Please provide details.**
7. *Asthma or breathing problems?* **Please provide details.**

***All responses will be stored in a GDPR safe environment.***