

## Physical Activity Readiness Questionnaire (PAR-Q)

Prior to participating in our online training course, you are required to complete this Physical Activity Readiness Questionnaire (PAR-Q).

For most people, physical activity should not pose any problem or hazard, however, potential risks, whilst not apparent at rest, may be exacerbated by an increase in levels of physical activity. The PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice concerning the type of activity most suitable for them.

Please complete the questionnaire below by reading each question carefully and ticking the response that applies to you. You are wholly responsible for your answers and if you are in any doubt you must seek medical advice.

Please answer 'yes' or 'no' to the following questions.

Are you taking any prescribed medication?	
Do you have any allergies?	
Has your doctor ever said that you have a bone or joint problem, such as arthritis, or any medical condition, surgical operation or injury that has been aggravated by exercise or might be made worse with exercise?	
Do you have high blood pressure?	
Do you have low blood pressure?	
Do you have Diabetes Mellitus or any other metabolic disease?	
Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?	
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	
Have you ever felt pain in your chest when you do physical exercise or at rest?	
Is your doctor currently prescribing you drugs or medication?	
Have you ever suffered from unusual shortness of breath at rest or with mild exertion?	
Is there any history of coronary heart disease in your family?	
Do you often feel faint, have spells of severe dizziness or have you ever lost consciousness?	
Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)?	
Do you suffer from regular headaches, dizziness, fainting or fits?	
Do you currently exercise on a regular basis (at least 3 times a week) and/or work in a job that is physically demanding?	
Are you, or is there any possibility that you might be pregnant?	
Do you know of any other reason why you should not participate in a programme of physical activity?	
Is there any further information you feel the instructor should be aware of?	

If you answered 'Yes' to one or more questions, please provide more details below:

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## Physical Activity Readiness Questionnaire (PAR-Q) cont.

You must consult your doctor before undertaking our training course. You will need to discuss the nature of the activity you are about to undertake and either present your PAR-Q or tell your doctor which questions you answered 'yes' to. Your doctor needs to advise you as to your suitability for unrestricted physical activity.

If you answered 'No' to all questions:

You acknowledge that you are taking responsibility for the accuracy of your replies and the decision that you are physically fit enough for unrestricted physical activity.

By signing this PAR-Q I undertake that I have read, understood and correctly answered the questions set out above. I wish to participate in activities that may include aerobic, anaerobic, flexibility, stability, resistance, muscular strength and endurance exercise. I realise that my participation in these activities involves the risk of injury and even the possibility of death.

I confirm I am voluntarily engaging in a level of exercise that I consider acceptable and appropriate to my level of fitness. If I have answered 'yes' to any of the questions above, by signing this form I am also confirming that I have taken medical advice relating to my participation and my doctor has confirmed I am fit enough to participate.

## Informed Consent Form

Exercise programmes are designed to improve cardiovascular (heart and lungs) fitness, muscle strength and endurance as well as flexibility. All exercise programmes contain certain risks such as muscle strains, joint sprains, aches, pains and general discomfort from parts of the body not used to exercise. The programme is designed to minimise these risks, however, if at any time during the exercise programme you feel pain, discomfort or you feel unwell you must stop immediately.

Each part of the programme will be fully explained to you but please contact the team to ask questions if you are not clear about anything. Please notify us if you feel you should not do a particular exercise for any reason.

During certain dances we use maracas. Please be aware that SOSA Dance Fitness cannot be held responsible for any damage to persons or property as a result of their use.

This form should be signed and returned to [training@sosafitness.co.uk](mailto:training@sosafitness.co.uk) prior to taking part in our online training programme.

I hereby confirm that I have read, understood and answered all the questions on the PAR-Q accurately and to the best of my knowledge. I confirm that I wish to participate in this exercise programme and realise that the activities involve an element of risk of injury or even death.

Participant Full Name: .....

Signature: .....

Date: .....

Emergency contact/Relationship: .....