

The class I am attending is: \_\_\_\_\_

## Active Age for All (AAfA) – Physical Activity Readiness Questionnaire (PAR-Q)

Some people should check with their doctor before taking up physical activity, especially if they have not been physically active for some time. Common sense is your best guide when answering these questions. Please read the questions carefully and answer each one honestly. Please tick YES or NO.

	Question	YES	NO
1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you do physical activity?		
3	In the past month, have you had chest pain when you were not doing physical activity?		
4	Do you lose your balance because of physical activity or do you ever lose consciousness?		
5	Do you have a bone or joint problem (for example, back, knee or hip or <b>osteoporosis</b> ) that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing drugs (for example, <b>warfarin or aspirin</b> ) for your blood pressure or heart condition?		
7	Do you know of any other reason why you should not do physical activity?		
8	Have you received your Covid vaccinations?		

If you answer YES to one or more of these questions, you should talk with your doctor by phone or in person BEFORE you start partaking in physical activity. Tell your doctor about this questionnaire and which questions you answered YES.

If you answered NO to all questions, and you are sure that you can start to partake in a particular physical activity, you should start slowly and build up gradually.

If you have any significant health changes during the term, then please tell your tutor.

Please complete these 3 sections (about you, your doctor and an emergency contact) in **BLOCK CAPITALS**.

Your Name:		Tel:
Your email address:		Mobile: «Mobile»
Your address:		
Special medical conditions/ allergies:		
<b>Your doctor</b>	Name:	Tel:
<b>Contact in case of emergency</b>	Name:	Tel:
	Relationship to you:	Mobile:

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. I consent to a copy of this form being given to the tutor of each of the AAfA classes I enrol in.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_