



ACTIVITY IN THE COMMUNITY

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name: Phone No:

Address: D.o.B.:

..... Date:

.....

Email:

Emergency contact name and phone number (Please print clearly)

Name: Phone No:

	Please tick appropriate box	YES	NO
1. Has your doctor ever said that you have a heart condition and/or that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had chest pains when you were not taking part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever feel faint or have dizzy spells when exercising?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a joint problem that is made worse by exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been told that you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently taking any medication that the JogWantage Coaches should know about? If so, what?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a baby in the last six months or are you pregnant now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had any operations or any major injuries in the last three years? If so, what?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there any other reason why you should not be able to participate in physical activity? If so, what?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN ASSOCIATION WITH



DO YOU HAVE IN MIND ANY GOAL(S) RELATING TO THIS COURSE:

Goal(s):

.....

.....

.....

IF YOU HAVE ANSWERED YES TO TWO OR MORE QUESTIONS ON PAGE 1:

Please talk to your doctor by phone or in person before you start becoming more physically active and before you commit to any exercise programme. Tell your doctor about your questionnaire and which questions you answered yes to.

IF YOU HAVE ANSWERED NO TO ALL QUESTIONS ON PAGE 1:

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme.

PLEASE NOTE: If your health changes subsequently that you answer yes to more than one of the questions you are required to inform your Jog Leader immediately.

The information contained in this PARQ will remain confidential.

I have read, fully understood and completed the questionnaire to the best of my knowledge and ability and believe there is no reason, medical or otherwise, that I should not follow a training schedule as part of the Jog England Programme.

Participant's signature: Date:

Parent/Guardian signature: Date:

(if under 18)