

Name: _____

Date: _____ DOB: _____ Age: _____

Home Phone: _____ Work Phone: _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

Please read each question carefully and answer every question honestly: (tick the appropriate answer)

- | | | | |
|--|----|---|-----|
| 1. Do you have any pre-existing medical condition? | Y | N | |
| 2. Do you have a respiratory condition? | Y | N | |
| 3. When doing physical activity do you experience any pain or tightness in your chest? | Y | N | |
| 4. Do you ever lose balance or consciousness because of dizziness or light headedness? | Y | N | |
| 5. Do you have a joint or bone condition or problem? | Y | N | |
| 6. Are you pregnant or post-partum? | Y* | N | N/A |

*Please refer to PARQ for new and expectant mums

Formal Declaration

I declare that I have completed this questionnaire fully and honestly. I will inform my Leader in Running Fitness if there are any changes in my circumstances. I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation

If I have any doubts about engaging physical activity I will consult with a doctor before starting activity. I understand a Doctor and not a leader or coach must be content before I start a programme of activity. Additionally, if my health changes during the programme I should refer to my GP or Doctor for advice.

Signed: _____ Date: _____

NB – Leaders in Running Fitness using this PARQ, must make sure they have read and comply with the UKA, HCAF or local running group privacy policy.



IN
PARTNERSHIP
WITH

