

# Adult Learning Service



## Physical Activity Readiness Questionnaire (PARQ)

### Learners enrolled on Sport, Fitness and Lifestyle Courses

Thank you for enrolling onto one of our Adult Learning Courses. Due to the nature of the course you have chosen, it is necessary for you to complete a 'Health Screening' form, the reasons for this are as follows:

1. Your tutor needs to be aware of the general level of health and fitness within the class.
2. Your tutor will use the information to plan sessions accordingly, making allowance for any alternatives or adaptations. For instance, somebody with a hip replacement could be restricted on certain movements of the hip and leg. With prior knowledge the tutor can plan to ensure that the learner is still involved with a slight modification to the activity.
3. Working safely is both the learners' and tutor's responsibility. At the beginning of the course, when the tutor is getting to know your needs, please take extra care of your health and safety.
4. The form asks you to declare that, if necessary, you have checked with your GP that you can participate in your chosen activity.
5. If you are epileptic or suffer from seizures it is advisable that you make the tutor aware of any significant signs or symptoms. You can add this information to the form.

### Please complete the form and take it to your first session

Your tutor will keep your form in their course folder which accompanies them to all of the course sessions. You will not be able to take part in the session unless it is completed and handed to your tutor. This is a Health and Safety requirement and protects you and the tutor.

Please complete the questionnaire and take it to your first session.

Please inform your tutor of any changes, as this may affect your progress through the course.

### THE INFORMATION YOU GIVE IS CONFIDENTIAL

Being active is safe for most people. However, anyone starting physical activity class for the first time or restarting after some time away from physical activity is encouraged to consult their doctor before participating in the class.

Name: \_\_\_\_\_

Course:

Have you, in the last 3 months, participated in any regular physical activity e.g. sport, dancing, walking, gardening, swimming? Please note the type of activity and its frequency below. ✓

Frequency: 1-2 times/week [ ] 3-5 times/week [ ] 6 or more times/week [ ]

## Physical Activity Readiness Questionnaire (PARQ) - *Continued*

Please indicate with a tick (✓) if you suffer, or have suffered, from any of the following conditions:

Heart condition/angina/chest pain/pacemaker fitted*	[ ]	High blood pressure*	[ ]
Regular bouts of dizziness	[ ]	Low blood pressure*	[ ]
A stroke (within the last year)*	[ ]	Asthma	[ ]
A stroke (one or more years ago)	[ ]	Diabetes	[ ]
Joint pain/neck pain/back pain	[ ]	Epilepsy*	[ ]
Arthritis - Osteo or Rheumatoid	[ ]	Osteoporosis	[ ]
Do you have a replacement joint e.g. hip?	[ ]	Allergies	[ ]
Do you have a sight impairment?	[ ]	Shingles	[ ]
Do you have a hearing impairment?	[ ]	Hernia	[ ]

\* You are advised to check with a medical practitioner before starting the course if one of these conditions is ticked.

Have you had an operation or serious illness within the last 12 months?	Yes [ ]	No [ ]
Are you taking any medication prescribed by your GP or hospital?	Yes [ ]	No [ ]
Are you pregnant or have you given birth within the last 6 weeks?	Yes [ ]	No [ ]
Do you suffer from any medical condition that may be affected by exercise?	Yes [ ]	No [ ]

**Please note:** If you have a change in your health status after the course has started that would cause you to answer yes to any of the above questions you should consult your doctor and inform your course tutor **before** continuing with the activity.

If you have ticked any of the above conditions, please add any relevant details:

I understand that if I have a condition, which may be worsened by physical activity, I am responsible for checking with my medical practitioner to ensure I am able to participate.

**PRINT:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency contact name & telephone number** \_\_\_\_\_

This form should be retained by the tutor and filed in the course folder for the duration of the course. If learners return to the course within a year, a review is required of the form and action taken as necessary.

**Tutor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_