

ParQ Health Questionnaire

Please read the questions carefully and answer each one honestly, ticking the appropriate box or adding information if necessary. Your responses will of course be kept in the strictest confidence. **This form must be completed, returned to a Fitness Advisor and assessed prior to availing of any induction services.**

Name: _____ Postcode: _____

Email _____

Has your doctor ever said that you have had a heart problem?

No Yes

In the past month have you had any chest pain when

You were doing any activity No Yes You were resting No Yes

Are you currently taking medication for

A heart condition No Yes

Any other problems No Yes

Do you suffer from any bone or joint problems?

No Yes

In the past year have you had any major illness or major surgery?

No Yes

Have you ever been diagnosed with

Diabetes No Yes

Asthma No Yes

Epilepsy No Yes

Other problems No Yes

Are you pregnant?

No Yes EDD

Have you recently had a baby?

No Yes How long ago?

Do you ever

lose your balance because of dizziness or lose consciousness No Yes

Are you feeling unwell at present due to cold, etc

No Yes

If you have answered YES to one or more questions we may need to contact your doctor before you can start to exercise. If your health changes so that you may then answer YES to any of these questions, tell a member of staff as soon as possible.

**I have read, understood and completed this questionnaire.
Any questions that I had were answered to my full satisfaction.**

Signature: _____ Date: _____

Signature of Parent/Guardian (if aged 16 – 17) _____