



Physical Activity Readiness Questionnaire (PAR-Q) Adult

Prior to participating in Nordic Walks you are required to complete this PAR-Q. For most people, physical activity should not pose any problem or hazard, however, potential risks, whilst not apparent at rest, may be exacerbated by an increase in levels of physical activity.

The PAR-Q is designed to identify those people for whom physical activity might be inappropriate or those who should seek medical advice concerning the type of activity most suitable for them.

Please complete the questionnaire below by reading each question carefully and inserting a cross against the response that applies to you. You are wholly responsible for your answers and if you are in any doubt, you must seek medical advice.

About you

Name : _____

Phone number (mobile) : _____

Email address : _____

Do you have, or has he/she ever experienced any of the following?

- High or low blood pressure? **Yes / No**
- Elevated blood cholesterol? **Yes / No**
- Diabetes or any other metabolic disease? **Yes / No**
- Chest pains either at rest or brought on by physical exertion? **Yes / No**
- Epilepsy? **Yes / No**
- Regular headaches, dizziness or fainting? **Yes / No**

- Bone, joint or muscular problems with arthritis? **Yes / No**
 - Asthma or other respiratory problems? **Yes / No**
 - Any sustained injuries or illness? **Yes / No**
 - Any allergies? **Yes / No**
 - Are you taking any medication? (If **Yes** list what):
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- Has your doctor ever advised you not to exercise? **Yes / No**
 - Do you know of any other reason why you should not participate in a programme of physical activity? **Yes / No**
 - Is there any further information you feel the instructor should be aware of, for example family history of coronary heart disease etc? **Yes / No**
 - If you answered '**yes**' to one or more questions, please write full details here:

Emergency contact

Please supply an alternative emergency contact name and mobile number below.

Name: _____

Relationship: _____

Phone number (mobile): _____

Affirmation

You acknowledge that you are taking responsibility for the accuracy of your replies and the decision that you are physically fit enough for unrestricted physical activity with us.

By signing this PAR-Q, I confirm that I have read this form in its entirety and have answered the questions accurately and to the best of my knowledge. I understand that I am responsible for monitoring myself throughout the activity, and should any unusual symptoms occur, would cease participation and inform the instructor.

In the event that medical clearance must be obtained prior to your participation in a session, I agree to contact my GP and obtain written permission prior to the commencement of the activity, and that this permission be given to Nordic and Coffee.

Date

Name

Signature

____/____/____
DD / MM / YYYY
