PAR-Q

(Physical Activity Readiness Questionnaire)

People of all ages are encouraged to participate in regular physical activity, including swimming and exercise programmes. While being physically active is generally safe for most individuals, some people may need to seek medical advice before starting or increasing their level of activity.

This questionnaire is designed to help identify any health conditions or concerns that may require medical clearance before participating in physical activities. If you have any existing medical condition, health concern, or are unsure about your ability to safely participate, please consult your doctor before commencing any activity.

Parents or legal guardians are responsible for completing this questionnaire on behalf of children and ensuring that they are medically fit to participate in swimming or other physical activities.

Name:_____ Phone number:_____ Date: _____

D.O.B (dd/mm/yyyy):_____ Age:_____

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain, prolonged palpitations, or excessive shortness of breath when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness, or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by change in your physical activity?		
6	Is your doctor currently prescribing you any medication for your blood pressure or heart condition or diabetes?		
7	Do you have any other medical illness such as Asthma or Epilepsy?		
8	Do you know of any other reason why you should not engage in physical activity?		

If you answered **"YES"** to one or more questions, we strongly recommend that you consult your doctor before becoming more physically active. Please discuss your answers with your doctor and obtain medical clearance before starting strenuous exercise.

If you answered **"NO"** to all questions, you can be reasonably confident that you may safely engage in increased levels of physical activity.

Côte D'Or National Sports Complex and its staff shall not be held liable for any injury, illness, or medical condition arising from participation in physical activities. If you have any doubts regarding your ability to exercise safely after completing this questionnaire, please consult your doctor before commencing physical activity.

I confirm that I have read, understood, and completed this questionnaire to the best of my knowledge. Any questions I had regarding this questionnaire were answered to my full satisfaction.

Signature: …… Date: ……/……/…….. Initial of MMIL Staff: ……