

Last Name	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	Post Code	<input type="text"/>
Email	<input type="text"/>	Gender	<input type="text"/>
Date of Birth	<input type="text"/>		
Mobile Phone	<input type="text"/>	Home Phone	<input type="text"/>
Emergency Name	<input type="text"/>	Emergency Phone	<input type="text"/>

## physical activity readiness questionnaire (PAR-Q) and you

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

**Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:**

Has your doctor ever said that you have a heart condition <b>and</b> that you should only do physical activity recommended by a doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you know of any other reason why you should not do physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## if you answered YES to one or more questions

Talk to your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered **YES**.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## if you answered No to all questions

If you answered **NO** honestly to **all** PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

## delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; or
- If you are or may be pregnant - talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

### family quick check - is there a history of...

Heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Raised cholesterol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sudden death	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have ticked yes to any of the above, you will be required to seek medical clearance from your GP before commencing training.

### previous and current conditions

Have you had surgery in the past 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you given birth in the last 3 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### lifestyle

Are you dieting / fasting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What medication are you currently taking?	<input type="text"/>	

### injury history

	In the past? When?	Currently?
Neck		
Shoulders		
Back		
Hips		
Knees		
Ankles		
Other		

### disclaimer

I acknowledge and agree the Newcastle University Sport (NUsport) staff, including but not limited to personal training instructors, are not qualified to provide me with medical advice with regard to my medical fitness and that the information in this questionnaire is intended as a guideline only to the limitations of my ability to exercise. I have completed the questionnaire to the best of my ability and understand the advice above. I acknowledge that at all times whilst on NUsport premises or under the instruction of NUsport staff, both my property and person shall be at my own risk. NUsport (and its employees, agents and contractors) will not be liable to me, and I release and indemnify NUsport (and its employees, agents and contractors) from and against any liability, for any loss, injury or damage howsoever caused (including through negligence) which I may directly or indirectly suffer in connection with my membership and/or my use of NUsport facilities. I acknowledge that I must be physically and mentally capable to undertake any activity I participate in. I acknowledge and agree that I make that judgement and that I undertake activities at my own risk. I acknowledge and agree that I must conduct myself at all times in accordance with the policies and procedures notified by NUsport to its members. I acknowledge that copies of the policies and procedures are displayed at NUsport facilities and are available to me on request. Your personal information is important to us and NUsport is committed to safeguarding your personal privacy. Unless you directly give us consent to do otherwise, NUsport will only collect and use your personal information as set out in its privacy policy. For more detailed information on NUsport's Privacy Policy visit our website at [www.theforum.org.au](http://www.theforum.org.au) or contact us by phone on 4921 7001.

Signed	<input type="text"/>	Date	<input type="text"/>
Parent / Guardian (if applicable)	<input type="text"/>	Instructor	<input type="text"/>