

AquaventuresUK

Physical Activity Readiness - Questionnaire (PAR-Q)

1. Has your doctor ever said you have a heart condition and recommended only medical supervised activity? YES/NO
2. Do you suffer with chest pain? YES/NO
3. Are you aware of any reasons why you may not be able to carry out any exercise in cold water or heights YES/NO
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness? YES/NO
5. Do you have any bone or joint problem that could be aggravated by the proposed physical activity? YES/NO
6. Is your doctor currently prescribing any medication (e.g. water pills) for blood pressure or a heart condition? YES/NO
7. Are you aware, through your own experience or a doctor's advice, of any physical reason that would prohibit you from exercising without medical supervision? YES/NO
8. Are you pregnant? If yes how many months? YES/NO
9. Are you recuperating from recent illness/operation or injury? YES/NO
10. Please give details of any other permanent or short term medical condition you may have that may affect your ability to exercise safely.....
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I hereby state that I have read, understood and answered honestly the questions above. That any statements made by me in answering this PAR-Q are true and accurate. I hereby confirm that I am voluntarily engaging in an acceptable level of exercise given my knowledge of my health and taking into account any medical advice I have received.

SIGNED..... DATE.....