Rock it with Rho LTD.

PAR-Q

The Physical Activity Readiness Questionnaire

NAME: DATE:

AGE (please bracket correct range): 18-24 25-34 35-44 45-54 55-64 65-74 75+

CONTACT NUMBER:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT NUMBER:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 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 a change in your physical activity? |  |  |
| **6.** | Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? |  |  |
| **7.** | Do you know of any other reason why you should not engage in physical activity? |  |  |

*If you have answered “YES” to one or more of the above question, consult your physician / doctor before engaging in any physical activity. Tell your doctor which questions you answered “YES” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.*

*PLEASE EMAIL COMPLETED FORM TO ROCKITWITHRHO@GMAIL.COM*

**SIGNED**

Participant signature

**DATE**

**GDPR:**

The information in this official questionnaire is collated for your own personal safety. All data is processed lawfully, fairly and in a transparent manner in relation to all individuals. This data is collected to ensure that each participant is physically able to take part in physical activity. This data is stored and locked away safely when not in use. Only Rock it with Rho Ltd. has access to these records.