# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q) Venue……………………………

**Please note the following contact details you provide may be used to keep you updated about Silverfit activities and your medical details may be used for research purposes but will be anonymized:**

**Name …………………………………………………………………………………………………DOB ………………..…………**

**Address ………………………………………………………...………………Postcode….………....…………………………...**

**Tel/Mob. …..…….….……………………………………………. Email……………...…………………………………...………...**

**Being physically active is safe for most people. However, you should check with your GP before starting a Silverfit session particularly If you are new to a certain physical activity, want to do more and/or you answer ‘yes’ to any of the following questions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | Have you ever suffered from heart trouble? | **y/n** | **7** | Do you suffer from back pain or any orthopedic problem? | **y/n** |
| **2** | Are you presently taking any medication which may affect your physical abilities? | **y/n** | **8** | Do you suffer from severe headaches or migraines? | **y/n** |
| **3** | Do you suffer from chest pains? | **y/n** | **9** | Are you recuperating from a recent illness/operation or injury? | **y/n** |
| **4** | Do you ever have spells of dizziness or feel faint? | **y/n** | **10** | Have you any other medical condition that we should be aware of, and that could be made worse by increased physical activity? | **y/n** |
| **5** | Have you ever had high or low blood pressure, and/or high cholesterol level? | **y/n** | **11** | Do you suffer from depression, anxiety or other mental health condition? | **y/n** |
| **6** | Have you ever had asthma, chronic bronchitis, chest pain brought about by physical activity or other chest ailments? | **y/n** | **12** | Have you had COVID-19 and are still suffering from any longer-term symptoms resulting from COVID-19? | **y/n** |
| If you have answered YES to any of the above questions, or there is other information you feel your Silverfit instructor should be made aware of, please give further particulars here: | | | | | |

**NB: The above medical information will be stored confidentially, and your Silverfit Instructor will have access to it in case of an emergency.**

*I have been informed that if I answer YES to any of questions above, I should seek medical advice/approval before commencing an exercise programme. If I choose to continue without such advice I do so entirely at my own risk. I have read, fully understood, and answered the above questions honestly. I understand that in taking part I have a responsibility for my own, and my fellow participants’ health and safety and that if I think something is dangerous or painful, I should stop immediately and inform the instructor.*

*I also agree that if I have had any COVID-19 symptoms, a positive test, or have been in contact with anyone who has COVID-19 in the 10 days before a Silverfit session, then I will not attend and will follow government guidance.*

**Emergency contact..…..……………………………………………………….Tel/Mob…………………………………………..**

**GP name & address.………………...………………………………………………………………………………………………..**

**Details of allergies for emergency services (if applicable).…………...………………………………………………………**

**How did you hear of Silverfit?………………………………………………………………………………………………………**

**Please circle your ethnic group (this data will help with funding opportunities):**

1.Asian or Asian British 2. Black or black British 3. Chinese or Other 4. Mixed 5. White.

**Signed**…………………………………………………….…………………………. **Date**………..…………………..………..……

**SILVERFIT MEMBERSHIP NO**: …………..………