Name: _____

Date: _____ DOB: _____ Age: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

Please read each question carefully and answer every question honestly: (tick the appropriate answer)

1. Do you have any pre-existing medical condition?	Y	N	
2. Do you have a respiratory condition?	Y	N	
3. When doing physical activity do you experience any pain or tightness in your chest?	Y	N	
4. Do you ever lose balance or consciousness because of dizziness or light headedness?	Y	N	
5. Do you have a joint or bone condition or problem?	Y	N	
6. Are you pregnant or post-partum?	Y*	N	N/A

*Please refer to PARQ for new and expectant mums

Formal Declaration

I declare that I have completed this questionnaire fully and honestly. I will inform my Leader in Running Fitness if there are any changes in my circumstances. I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation.

If I have any doubts about engaging physical activity I will consult with a doctor before starting activity. I understand a Doctor and not a leader or coach must be content before I start a programme of activity. Additionally, if my health changes during the programme I should refer to my GP or Doctor for advice.

Signed: _____ Date: _____

NB – Leaders in Running Fitness using this PARQ, must make sure they have read and comply with the UKA, HCAF or local running group privacy policy.