

## PAR-Q FORM PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

To participate in this FLEXercise class as your teacher I am required to hold some personal details about you and your medical history. The information you give will be held, according to the legal requirements of the GDPR (General Data Protection Regulation) on the basis of LEGITIMATE INTEREST

- To contact you in respect of this class that you attend
- The given medical information is held for the sole reason that it may be helpful to third parties in case of you being unable to give the information yourself in the event of a medical emergency to you during a class, be it accident or illness.

Please also note that:

- If anybody within or outside the organisation wishes to contact, you personally you will be asked at the time whether you are prepared for your details to be passed on
- If you haven't attended the class or been in touch with your teacher for 6 months this completed document be destroyed. This document is held by your teacher
- If you haven't attended the class or been in touch with your teacher your contact details will be held for up to 18 months either electronically or in paper form before being destroyed; you may be informed of FLEXercise activities during that time.

**Regular physical exercise is fun and healthy and becoming more active is very safe for most people. Please fill in the assessment below; to be reviewed annually.**

Print name:	Address (inc post code)
Telephone number	Email

Do you have any medical condition, discomfort or injury which may be affected by physical activity? The conditions include, but not limited to, the following. Please tick any that you have/are relevant.

	Tick here		Tick here	
heart condition, angina		Please ensure you have angina medication with you	asthma	Please ensure you have asthma medication with you
high/low blood pressure			back injury	
occasional dizziness			osteoporosis	
suffered a stroke			arthritic joints or joint replacement	
epilepsy			operation within the last 12 months	Please give details overleaf
diabetes			taking any prescribed medicines	Please give details overleaf
pregnant/given birth recently			any allergies	Please give details overleaf
Other		Please give details overleaf		

Please note – your teacher is not a medical practitioner and cannot advise whether any condition could be adversely affected by attending this class. Neither your teacher or the organisation is responsible for assessing or interpreting the medical information given.

**The responsibility lies with you to decide whether you wish to join or continue with a class. If you are in any doubt about your fitness to exercise you should seek medical advice before taking part in the classes, a signed declaration from a medical practitioner confirming your fitness to exercise may be required.**

**“I recognise that my body’s reaction to physical activity is not totally predictable. I confirm that should I develop any injury or condition that affects my ability to exercise, I will inform my teacher and stop exercising if necessary. I accept full responsibility for my participation in the class.”**

Signed	Date
In case of emergency please contact: (name)	Phone number

NB no liability is accepted for any loss of or damage to any articles, which you bring to the classes, nor liability accepted for loss of or damage to motor vehicles or their contents. All are the owner's risk