

Name: \_\_\_\_\_

### FYCC Young Membership Medical Questionnaire (PAR-Q) / Consent form

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become much more active than you are now, start by answering the questions below. This form will tell you if you should check with your doctor before you start. If you are aged over 69 years of age and you are not used to being active, check with your doctor first.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly **YES** or **NO**

YES	NO	
		1. Has your doctor ever said that you have a heart condition <b>and</b> that you should only do physical activity recommended by a doctor?
		2. Do you feel pains in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you are not doing 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 physical activity?
		6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
		7. Are you currently taking medication? If yes, please specify
		8. Do you currently have symptoms from a previous back injury or do you experience back pain as a result of involvement in physical activity?
		9. Do you know of any other reason why you should not do physical activity?

If you have answered **YES** to one or more of these questions, please supply further information overleaf. It is also recommended that you talk with your doctor **BEFORE** you become much more physically active. If you have answered **NO** honestly to all the questions you can be reasonably sure that you can start becoming more physically active provided you begin slowly and build up gradually. If your health changes so that you then answer **YES** to any question please inform us and it is recommended that you consult your doctor about this condition before continuing with physical activity. You must also inform us of any change in circumstances such as change of address or contact number as soon as possible.

.I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. **Please turn over**

Ford Youth Community Centre C/O Healthy Living Centre, Scott Business Park, Beacon Park Road Plymouth PL2 2PQ

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Post code** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Email** \_\_\_\_\_ **Alternative contact number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent / Guardian if under 18** \_\_\_\_\_

From time to time we are required to apply for funding to continue with our work at FYCC and evidence of what we do is asked for. If you are happy for you/your child/young person in your care to be photographed please state here by circling **YES** or **NO**

**For parents/guardians of under 18s – please provide below information on the collection of your child at the end of a class** (i.e. I will collect, or the name of the person who is)

Any additional information you wish declare please add below

Data Protection act 1998: All details stored by FYCC are for the purpose of your health & safety whilst using the Gym. These details are confidential and will only be passed to professionals within the emergency or medical services on your behalf if required.

**Thank you for completing the questionnaire**

**FYCC Management Committee**  
**Jan 2015**

**GYM** Ford Youth Community Centre, Unit 8 Wolseley Close, Wolseley Business Park  
Plymouth PL2 3BY