

Ford Gym Staff Name

Office Use Only

**PRINT NAME:** \_\_\_\_\_

**FYCC/Activ8 Gym 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 exercise?
		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 changes in circumstances such as change of address or contact number as soon as possible.

**PLEASE TURN OVER**

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

**Print Name:** \_\_\_\_\_

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

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Alternative Contact Number:** \_\_\_\_\_

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

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

**Print Name:** \_\_\_\_\_

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 **NOT** happy for you/your child/young person in your care to be photographed, please state here by circling **NO**.

Parents/guardians of under 18's – Please be aware it is likely that your child will be training alongside adult members from time to time in signing this form you are giving your consent for your child to attend all open sessions in the Gym as appropriate.

Any additional information you wish to declare, please add below.

Data Protection act 1998: All details stored by FYCC/Activ8 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 this questionnaire.

**FYCC / Activ8 Management Committee**  
**APRIL 2016.**