

# Physical Activity Readiness Questionnaire (PARQ)



Name:	
Address	
Contact No.	
Email:	

Please read carefully:

Circle Yes or No. If you circle any of the 'Yes' responses below you may need your doctors' consent before you participate in Nordic Walking.

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?
2. Do you have chest pain brought on by physical activity?
3. Have you developed chest pain in the past month?
4. Do you lose consciousness or fall over as a result of dizziness?
5. Do you have a bone or joint problem that could be aggravated during physical activity?
6. Has a doctor ever recommended medication for blood pressure or heart condition?
7. Are you aware through your own experience or from your doctor's advice of any other reason why you should not exercise without medical supervision?

Please outline any other relevant information that may affect your ability to exercise

Pre-existing medical conditions:
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Current medication:
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Known Allergies:
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I realize that my body's reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own personal condition at all times.

DATE:

SIGNED

<b>IN CASE OF EMERGENCY, PLEASE CONTACT:</b> Name: <input type="text"/> Contact No. <input type="text"/> Address: <input type="text"/>
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