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Physical Activities Readiness Questionnaire (PAR Q)

PAR-Q is designed to help assess you and is a legal requirement. Many health benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and tick YES or NO in the box as appropriate. If YES, please explain briefly, either below or on the reverse of the form.

- We need this information to make sure that we provide you with a tailor-made program suited to your needs.
- We will hold this information both in computer and paper format and will not share it with anybody outside the medical field.
- We will destroy any information held after you have no more connections with Jorvikwalking.com either by the shredding of paper or the erasing of computer files

Name: _____	Date of Birth: _____
Address: _____ _____	
Email: _____	Phone: _____



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What are your main reasons for starting Nordic Walking?	YES	NO
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Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the last month, have you had a chest pain while doing physical activity?		
Do you ever lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (For example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of any other reason why you should not take part in physical activity?		
If YES, please comment:		

If you answered YES to one or more questions:

You should consult your doctor to clarify if it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to any of the questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability levels.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature:	Print name:	Date:

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.