

**STRENGTH & CONDITIONING
PRE-ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

Dear Participant,

The following screening tool must be completed and returned to the Newington College Gym prior to commencement in any strength/conditioning program within the school.

Name: _____ Email: _____ DOB: _____

Q1. Do you now have or have ever had: (Please circle any of the following)

*A Heart condition	Y/N	*Epilepsy/Seizures	Y/N	*Heat Stroke	Y/N
*High Blood Pressure	Y/N	*Joint Hypermobility	Y/N	*Diabetes	Y/N
*High Cholesterol	Y/N	*Asthma/Breathing difficulty	Y/N		
*Fainting or Dizzy Spells	Y/N	*Coughing during or after exercise	Y/N		

Please list any other problems not mentioned above:

If you have circled yes to any of the above conditions, has the Doctor ever treated that condition/conditions? Y/N
If yes, does the treatment prevent participation in exercise? Y/N

Q2. Do you take any medications for the above conditions? Y/N
If yes, please describe any side effects from the medication: Y/N

Q3. If you use any puffers/medication for asthma, please provide your Asthma Management Plan, or describe the use of these medications in relation to exercise:

Q4. Do you suffer from any allergies? Y/N If yes, what to: _____

Q5. In the past 12 months have you had any surgery? Y/N If yes, please list: _____

Q6. In the past 12 months have you had any of the following:

*A broken bone or bones	Y/N	* Joint pain whilst exercising	Y/N
* Muscular pain during exercise	Y/N	* Bone pain during exercise	Y/N

If yes, please identify/explain the location of the problem: _____

Q7. Are you aware of any other medical condition that may prevent you from exercise? Please explain:

Informed consent: I hereby acknowledge the following

- The above information regarding my health is to the best of my knowledge accurate Y/N
- I will inform you immediately if there are any changes to the information I have provided Y/N
- I understand that during training an accident or injury may occur Y/N

Name (please print): _____ Signed: _____ Date: _____
