

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

Dear Staff Member,

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.

Staff Name: _____ Faculty: _____ 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:

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

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