

**Walk this Way...**

**South Downs Women's Walking Group**

**PAR-Q Form**

*(Physical Activity Readiness Questionnaire)*

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**All New Members MUST be able to walk at least 3 miles in a one hour period on flat ground**

This is for your own health & safety and for that of the Group as a whole.

If you are not fit enough to do this we suggest you first join a Local 'Health Walks' Scheme before moving on to our walks – please ask for information from our Walk Leader or from your Local Authority

**Please delay exercise if**

- You are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better
- Please consult a Doctor if you develop a condition that may be aggravated by exercise

<b>Please read the questions below carefully and answer each one honestly (check YES or NO)</b>	<b>YES</b>	<b>NO</b>
1) Has your doctor ever said that you have a heart condition <b>OR</b> high blood pressure?		
2) Do you feel pain in your chest at rest, during your daily activities of living, <b>OR</b> when you do physical activity?		
3) Do you lose balance because of dizziness <b>OR</b> have you lost consciousness in the last 12 months? Please answer <b>NO</b> if your dizziness was associated with over-breathing (including during vigorous exercise).		
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?		
5) Are you currently taking prescribed medications for a medical condition?		
6) Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer <b>NO</b> if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.		
7) Has your doctor ever said that you should only do medically supervised physical activity?		

If you checked YES to any of the above, please provide details:

Please provide the name, address and number of your doctor in the space below

