

CIVILIAN USE OF ARMY OBSTACLE COURSE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

1. Please complete the necessary details below:

Participants Name: _____ DOB _____

Tel No: _____ Address: _____

Emergency contact name and telephone number: _____

2. Please state if you are the parent or guardian of an ACF/CCF participant.

3. Please read the questions carefully and answer each one honestly.

QUESTIONS RELATING TO YOUR MEDICAL HEALTH

Ser	Question	Please Choose	
1	Has your 1 doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	No
2	Is your doctor currently prescribing drugs (for example water pills) for blood pressure or a heart problem?	Yes	No
3	Do you ever feel pain in your chest when you do physical activity?	Yes	No
4	In the past month, have you had chest pains when you are not doing physical activity?	Yes	No
5	Do you ever feel faint or have spells of dizziness?	Yes	No
6	Do you suffer from shortness of breath at any time?	Yes	No
7	If you suffer from asthma, including exercise induced asthma, is there any reason why you should not participate in the activity?	Yes	No
8	Do you have a joint problem (Including neck, back & hip problems) that could be made worse by exercise, including jumping and landing?	Yes	No
9	Are you aged 60yrs or older?	Yes	No
10	Are you pregnant or have you given birth in the last 6 months?	Yes	No
11	Are you currently taking any medication of which the instructor should be made aware of? If so please state reason:	Yes	No
12	Is there any other reason why you should not participate in physical activity? If so, please state:	Yes	No

4. If you have completed this PARQ in advance of the scheduled activity and your health status changes prior to the start of your activity it is your responsibility to inform the instructor.

5. Your ability to undergo the activity will be monitored during the warm up which will also provide a functional assessment of your ability to proceed onto the Obstacle Course. If the PTI determines that, based on his/her assessment, you are not up to the required standard; you may be refused access to the Obstacle Course.

6. I have read, understood and completed all questions within this questionnaire to my full satisfaction.

Please Sign Here: _____ Print Name: _____ Date: _____

Instructor Sign Here: _____ Print Name: _____ Date _____

¹ If completed by a parent/guardian the term you/your used throughout refers to your son/daughter.