



# Institute of Sport and Exercise University of Dundee

## Seniors and Active Living Physical Activity Readiness Questionnaire

Please complete the PARQ and return to ISE reception along with your completed membership form. Your information will inform the ISE exercise professionals of any contraindications to exercise and may be used to prescribe appropriate activity and exercise for you.

### Participant Details (Please PRINT)

Name \_\_\_\_\_

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

Contact telephone number \_\_\_\_\_

Email \_\_\_\_\_

Next of Kin \_\_\_\_\_ Emergency contact number \_\_\_\_\_

#### Please choose an option:

- ☐ I am having a 'free' taster session or active living consultation
- ☐ On a trial offer (4 for £10)
- ☐ Active Living Member
- ☐ Senior Member

#### Please provide details if you have any of the following medical conditions:

- ☐ Heart disease/condition
- ☐ Diabetes
- ☐ Cancer
- ☐ Muscle, bone joint conditions
- ☐ Depression
- ☐ Long Covid
- ☐ Breathing conditions (e.g. asthma, COPD)
- ☐ Cognitive impairment (e.g. dementia)
- ☐ Neurological condition (e.g. MS)
- ☐ Visual/hearing impairment
- ☐ Other condition, please indicate: \_\_\_\_\_

#### Do you take medication for the above conditions

Pre-Activity Questionnaire	Yes	No
Do you have a heart condition, high blood pressure or any other cardiovascular problem that may be affected with activity?		
Do you experience unusual breathlessness or pain in your chest on exertion?		
Do you ever lose your balance or feel dizzy whilst exercising?		
Are you extremely overweight or extremely underweight?		
Do you know of any other reason why you should not engage in physical activity?		

If you answered yes to any of the questions, or are in any doubt about the state of your health, please check with your GP and ISE programme instructor before starting any activity.

#### Customer Consent

In respect of the Data Protection Act 1998, I understand this information I have shared will be used for the sole purpose of my participation at ISE. It will be treated confidentially and stored securely at ISE.

I agree it is my responsibility to update the ISE programme instructor with any relevant health information that may affect my ability to take part in sport and exercise.

Signature \_\_\_\_\_  
Date \_\_\_\_\_