



# Institute of Sport and Exercise University of Dundee

Only complete the PARQ and return to ISE reception along with your completed membership form if you have a prescribed medical condition or answer yes to any of the pre-activity questions.

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

Name ..... Date of Birth .....

Contact telephone number ..... Email .....

Please tick if you have been diagnosed with any of the following medical conditions

- |  |   |
|--|---|
| <input type="checkbox"/> Heart conditions              | <input type="checkbox"/> Surgery (e.g. joint replacement)     |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Breathing conditions (e.g. asthma)   |
| <input type="checkbox"/> Cancer                        | <input type="checkbox"/> Cognitive impairment (e.g. dementia) |
| <input type="checkbox"/> Muscle, bone joint conditions | <input type="checkbox"/> Neurological condition (e.g. MS)     |
| <input type="checkbox"/> Depression                    | <input type="checkbox"/> Visual/hearing impairment            |

Please list any other .....

## Pre-Activity Questionnaire (please select from the drop down box)

Do you have a heart condition, high blood pressure or any other cardiovascular problem that may be affected with activity? Y / N

Do you experience unusual breathlessness or pain in your chest on exertion? Y / N

Do you ever lose your balance or feel dizzy whilst exercising? Y / N

Are you extremely overweight or extremely underweight? Y / N

Are you now, or have been pregnant in the past three months? Y / N

Do you know of any other reason why you should not engage in physical activity? Y / N .....

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 programme 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 .....