

## CIVILIAN USE OF OBSTACLE COURSE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

1. Please complete the all details below.

Participants Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact name and telephone number: \_\_\_\_\_

2. Please read the following questions and complete the declaration overleaf.

Ser	QUESTIONS RELATING TO YOUR MEDICAL HEALTH
1	Has your <sup>1</sup> doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2	Is your doctor currently prescribing drugs (for example water pills) for blood pressure or a heart problem?
3	Do you ever feel pain in your chest when you do physical activity?
4	In the past month, have you had chest pain when you are not doing physical activity?
5	Do you ever feel faint or have spells of dizziness?
6	Do you suffer from shortness of breath at any time or a respiratory condition that would prevent you from doing physical activity?
7	Do you have any joint problems (Including neck, back & hip) that could be made worse by exercise, including jumping and landing?
8	Are you pregnant or have you given birth in the last 6 months?
9	Do you have a condition requiring medication or are you taking medication, which would prevent you from doing physical activity?

3. **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.**

4. 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/Activity Supervisor determines that, based on his/her assessment, you are not up to the required standard; you will be refused access to the Obstacle Course.

---

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

5. In accordance with the Data Protection Act 1998, the MOD will collect, use, protect and retain the information on this form in connection with all matters relating to personnel administration and policies.

6. The PARQ will be held for a period of 3 years following the activity, after which it will be destroyed.

### Declaration

**I have read and understood the Medical Health Questionnaire above and declare that:**

**\*I/My Child (\* delete as applicable) does/does not suffer from any of the conditions mentioned or any other condition or injury that would prevent me/them from taking part in physical activity;**

**Signature:**  
(Parent/Guardian if under 18 years of age)

**Print Name:**

**Date:**

### REVIEW

Event/Activity Title (e.g. Insert Course Name/No): \_\_\_\_\_

This PARQ must be reviewed with the participant on the day of the activity and appropriate action taken if there are any significant changes since originally signed.

**Instructors Signature:**

**Print Name:**

**Date:**

**To be signed below by Supervising Officer:**

**Signature:**

**Print Name:**

**Date (day of activity):**