



WOLFSON GYM: Physical Activity Readiness Questionnaire (PAR-Q)

This questionnaire has been designed to ensure that you are able to exercise safely. You must complete the form before being granted permission to use the Gym. If you have any queries please contact the Common Room Administrator. (common-room.administrator@wolfson.ox.ac.uk)

	Yes	No
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had chest pain when you were not doing physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
7. Do you suffer with any other medical conditions e.g. Epilepsy/Asthma/Diabetes. If yes please state here:		
8. Are you aware, through your own experience or the advice of a doctor, of any reason that you should not exercise without medical approval?		
9. I confirm I have watched the online Gym induction and exercise guidance videos		

If you answered YES

If you have not recently done so, speak to your doctor before increasing your physical activity and especially about the questions you have answered yes to. You should seek advice as to your suitability for physical activity.

Informed Consent: I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury. I agree to notify the College if there are any changes in the information I have provided.

Disclaimer: I agree to abide by the Safety Rules and Guidelines, including any COVID-19 control measures which are subject to regular review and change. I understand that when I use the Weights Room, I do so entirely at my own risk. I undertake to bear the cost of making good any loss or damage to equipment for which I am responsible.

Name..... Battels No.:

Signature..... Date.....

Please complete and return this form by email to the Common Room Administrator (common-room.administrator@wolfson.ox.ac.uk). Your form will normally be processed within 2 working days and you will receive an email confirmation. You will then be able to access the gym with your University Card. Please do not let anyone else into the gym whilst you are training.