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| **Winston Sports Centre PAR-Q**  ***ALL THE INFORMATION GIVEN WILL BE KEPT IN THE STRICTEST CONFIDENCE.***  **Name: …………………………………………………… DOB: ……………………………….**  **Home Address: ………………………………………………......................................................**  **Contact Email: ………………………………………………... Contact Number: …………………………………......**  **Emergency Contact Name: ………………………………………………………………..**  **Emergency Contact Number: ………………………………….** | | |
| **The safety of our visitors and employees is Winston Sports Centre’s overriding priority.**  To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we have created an updated lifestyle questionnaire for you to complete before entering the Gym.  Your participation is important to enable us to take the precautionary measures needed to protect you and everyone else here at Winston Sports Centre. | | |
| 1. Have you been tested for Covid-19? | Yes | NO |
| 1. If *Yes*, were you tested positive or negative for Covid-19? |  | |
| 1. Have you experienced any cold or flu-like symptoms or any of the other Covid – 19 symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing)? | Yes | No |
| 1. Have you returned from any countries outside of the UK within the last 14 days? | Yes | No |
| 1. Have you been in close contact with anyone who has traveled outside of the UK within the last 14 days? | Yes | No |
| 1. If *Yes*, have you self-isolated the required 14 days? | Yes | No |
| 1. Has a Doctor or Medical Professional ever told you that you have high blood pressure? | Yes | No |
| 1. Do you ever get chest pains on exertion or at rest? | Yes | No |
| 1. Do you have diabetes? | Yes | No |
| 1. If *Yes* are you taking any insulin or medication to keep this under control? | Yes | No |
| 1. Do you have a family history of heart disease or stroke? | Yes | No |
| 1. Is your doctor currently prescribing medication for your blood pressure or a heart condition? | Yes | No |
| 1. Do you suffer from asthma or any other respiratory problem? | Yes | No |
| 1. If *Yes*, do you carry an inhaler with you? | Yes | No |
| 1. Have you noticed that you develop a tight chest or cough associated with strenuous activity? | Yes | No |
| 1. Do you suffer from any back or joint problems? | Yes | No |
| 1. Have you undergone any major surgical procedures in the last year? | Yes | No |
| 1. Do you have any other medical conditions which we should be notified about before entering the gym?     If *Yes* please state here: | Yes | No |
| * By signing this PAR-Q, you will also be agreeing to notify us of any changes to the above medical concerns. * If any of the above questions are ticked *Yes*then we may have to obtain a letter from your registered GP to ensure you are medically safe to enter the gym environment.     **Client Signature: …………………………..…......................  Print Name: …………………..………………….....................**  **Trainer Signature: …………………..………………………......  Date: ………………….……………………** | | |