



Physical Activity Readiness Questionnaire (PAR-Q)

During your course you will be required to participate in a variety of practical sessions. All activities have been carefully risk assessed, and will be demonstrated by your Tutor/Teacher before you are asked to perform them. These activities may place extra demands upon your cardiovascular (heart & lungs) system; on some STA courses there may be the additional risk of Musculo-Skeletal Injuries from moving or lifting objects.

You should seek your doctor's written permission to participate on the course if you have any medical condition such as a heart condition, suffer from pains in the chest, have dizzy spells resulting in a loss of balance, have any bone or joint problems or are currently taking medication to control your blood pressure.

In order for the Tutor/Teacher to train you safely and provide guidance pertinent to you personally they will need to know about any pre-existing medical condition which you may have. If you have any concerns in this area you should discuss them with your Tutor/Teacher before starting the course.

Please read and answer the following questions carefully.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever have suffered from swelling of lips/face, itching, redness or blistering within 15-20 minutes of contact with latex? (i.e. blowing up balloons, wearing rubber gloves or using any other latex product.)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any medical conditions, such as those set out above, for which a doctor's written permission to participate is required?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing and able to take part in the physical aspect of the course?

If you knowingly give incorrect information and/or fail to obtain your doctor's written permission (when required to do so) the Tutor and STA bear no responsibility for any resultant damages, loss, injury, pain or distress suffered by you. Your attendance and/or participation in the course will be entirely at your own risk.

Name: _____ Signature: _____

Date of Birth: _____ Date: _____

To be completed by the Parent / Guardian if candidate is under 16 years of age

Parent / Guardian's Name: _____

Signature: _____ Date: _____

Information for the Course Tutor

Question 1. If a candidate answers **YES** to this question, she should be advised that if she feels any discomfort in any of the skills/techniques that she is performing then she is to stop them immediately and inform the Tutor/Teacher. Similarly if she is asked to perform a skill/technique that she does not feel comfortable with then she should not perform it, and she must discuss it with the Tutor/Teacher.

Question 2. If a candidate answers **YES** to this question, then he/she should be treated as if he/she has a latex allergy. In this case the Teacher/Tutor **MUST** ensure that **ALL** equipment used is latex free (i.e. gloves, manikins etc...).

Question 3. If a candidate answers **YES** to this question, the Tutor should discuss the implications with the candidate and inform them that if they decide to continue on the course that the Tutor, and the STA, will not be held responsible for any ill effects that may result to the candidate.

Question 4. If a candidate answers **NO** to this question, then he/she **MUST** not be allowed to participate on the course.

This form should be retained by the Course Tutor