

Physical Activity Readiness Questionnaire (PAR-Q)



Playing Tennis is fun and healthy, and increasingly more people are starting to take up Tennis. However, some people should check with their doctor before they take up Tennis.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

Yes	No		Question
		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 (for example, back, knee or hip) 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 know of any other reason why you should not do physical activity?

If you answer Yes to one or more of these questions:

Talk with your doctor by phone or in person BEFORE you start playing tennis. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to play tennis — as long as you start slowly and build up gradually.

If you answer No to all questions:

You can be reasonably sure that you can:

- Start playing tennis slowly and build up gradually. This is the safest and easiest way to go.

Delay becoming much more active if:

- If you are not feeling well because of a temporary illness such as a cold or a fever- wait until you feel better.
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your Tennis coach.

DPTC Non- members Registration Form:

<u>Name:</u>
<u>Address:</u>
<u>Home Phone Number:</u>
<u>Mobile Number:</u>
<u>Email Address:</u>
<u>Special medical conditions/ Allergies:</u>
<u>GP Name and Phone Number:</u>

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Signature

Date