



Omagh
Leisure Complex

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

NAME: D.O.B. M / F

ADDRESS:

..... POST CODE:

TEL: E-MAIL:

EMERGENCY CONTACT NO:

MEDICAL STATUS

Yes No

☐
☐

Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?

☐
☐

Do you feel pain in your chest when you do physical activity?

☐
☐

In the past month have you had chest pain when you were not doing physical activity?

☐
☐

Do you lose your balance because of dizziness or do you ever lose consciousness?

☐
☐

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

☐
☐

Do you have a medical history of asthma/heart condition/stroke/blood pressure/epilepsy/diabetes/circulatory condition or other?

(please state:.....)

☐
☐

Do you know of any other reason why you should not do physical activity?

If you answered yes to one or more of the questions above and if you have not already done so please consult with your doctor/GP by telephone or in person before increasing your physical activity and/or undertaking a DEC induction. Please tell your doctor what questions you answered 'yes' to on the PAR-Q form and present a copy of the PAR-Q form if appropriate. Seek advice from your doctor as to your suitability for physical activity and which exercises may be suitable for your specific needs.

I understand by signing this PAR-Q form that I am accepting responsibility for seeking medical advice, if required, before undertaking any physical exercise/activity. I am voluntarily engaging in an acceptable level of exercise which has been recommended to me. In addition, **I am also aware that I must inform Omagh Leisure Complex Membership Advisor or Gym Instructor of any changes to my medical status.**

Signed: Date:

ALL INDUCTEES MUST COMPLETE ALL ASPECTS OF THE INDUCTION AS OUTLINED BELOW:

Customer please initial:

Tour of facility given including access and locker information

Par Q form overleaf completed in full

Rules of the D.E.C. facility explained

Full explanation of all resistance equipment/machinery

Full explanation of all cardio equipment/machinery

Full explanation of all free weights

Fire evacuation procedures explained

Sauna/Steam/Jacuzzi etiquette and safety explained

Membership Card provision for granting access explained

Membership packages & personal training programmes explained

CUSTOMER STATEMENT:-

I warrant that I have been shown all elements of the DEC induction as outlined above and am conversant on the health, safety and welfare requirements allowing me to attend and operate equipment in the DEC at Omagh Leisure Complex.

Customer: _____

Date: ____/____/____

Instructor: _____

Date: ____/____/____

Entered on system: ____/____/____

We would like to occasionally send you information on facilities and services. If you wish to receive this information please tick this box ☐

If you agree to receive information but, at any time, decide you would like to stop receiving it, please contact us on 028 822 46711 or email

olcmembership@fermanaghmagh.com

DATA PROTECTION

In accordance with the Data Protection Act (as amended from time to time), Fermanagh and Omagh District Council has a duty to protect any information we hold on you. The information you provide on this form will only be used for the purpose of ascertaining your ability to exercise safely and advise on appropriate forms of exercise according to the information supplied. This information will not be shared with any third party unless law or regulation compels such a disclosure. For further information on how we hold your information, please visit the Privacy section at www.fermanaghmagh.com