

NEW PARTICIPANT

Activate Coast & Countryside Physical Activity Readiness Questionnaire



A. Participant Details

Activity	Location	Date

First Name Last Name Home No.

Email Mobile No.

Address

Postcode D.O.B Gender Male Female

Ethnicity White British White Irish White Other Asian British Asian Other
Chinese Black British Black Other Indian British Indian Other
Not Disclosed Other *please specify*

B. Health Screener

The questions below have been designed to identify people that should seek medical advice before undertaking any of our activities.

- In an **average week**, on how many days do you accumulate **at least 30 minutes** exercise that raises your heart rate. Such as: brisk walking? *i.e. twice...* 0 1 2 3 4 5 6 7
- Have you been recommended by a Doctor or a Health Professional to come on this scheme? Yes No
If yes, where from? GP NHS Health Check Pharmacy Physio Other
- Have you ever been diagnosed with a heart condition? Yes No
- Do you ever lose balance because of dizziness, or ever lose consciousness? Yes No
- Do you feel pain in your chest when you exercise? Yes No
- Have you ever had chest pains when you were NOT undertaking physical exercise? Yes No
- Do you have any bone or joint issues that may be aggravated by a change in physical activity? Yes No
- Have you ever been diagnosed with?
 - ♣ High Blood Pressure Yes No
 - ♣ Heart Disease Yes No
 - ♣ Diabetes (Type I or II) Yes No
 - ♣ Asthma Yes No
 - ♣ C.O.P.D. Yes No
Chronic Obstructive Pulmonary Disorder
 - ♣ Cancer Yes No
- Depression or anxiety issues Yes No
- Are you on any medication? Yes No
If YES, please state...

10 Do you have any **other** long-standing illness or disability which limits your day-to-day activities? Yes No
If YES, please state...

C. Using & Sharing Your Information & Declaration

Your information will be held by Christchurch and East Dorset Councils for 6 years in accordance with the General Data Protection Regulations 2018 and will be used to create anonymous reports to prove project outcomes and support funding bids. Details will be shared confidentially with Instructors and Volunteer Activity Leaders to ensure safe activity delivery.

I understand if I have answered **YES** to any of the Health Screener questions I should first seek medical advice and I am participating in the activities at my own risk.

By signing you are agreeing to the above declaration

Signature

Date

Are you happy to receive communications from our Health & Activity Team (Details will never be passed on to a 3rd party) Yes No
Health & Activity Team, Christchurch & East Dorset Council, Moors Valley Country Park, Horton Road, Ashley Heath BH24 2ET. activate@christchurchandeastdorset.gov.uk