

# Physical Activity Readiness Questionnaire (PAR Q) COVID-19 awareness



## When using this form you need to state:

- Why are you collecting this information.
- What are you going to do with this information (how do you intend to store this information).
- What your policy for destroying this information is (within a set period of time).
- If you are symptomatic or living in a household with someone else who has a possible or confirmed COVID-19 infection you should remain at home.
- If you are classified as extremely vulnerable on health grounds, you are advised to continue shielding to keep yourself safe by staying at home and avoiding gatherings or, if individuals wish to spend time outdoors, to take extra care to minimise contact with others by keeping two metres apart at all times.
- If you have been asked to isolate by NHS Test and Trace because you are a contact of a known COVID-19 case, do not exercise outside your own home or garden and do not exercise with others; you can spread the virus to others even if you never get symptoms.
- Whilst testing is purely voluntary, we would appreciate if practitioners take regular Lateral Flow Tests (preferably before and after class). This will help us to ensure that all who participate have a safe practice environment. Free Lateral Flow Test kits can be ordered here:  
<https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>

HAVE YOU HAD COVID-19?  
If yes, when?

If you said YES to having had Covid-19 please answer the following:

i) Have you experienced what you consider to be signs or symptoms of Long-Covid?

ii) If YES,  
what signs/symptoms?

HAVE YOU HAD THE VACCINE?

Please tick where appropriate:

1st vaccine date: \_\_\_\_\_  2nd vaccine date: \_\_\_\_\_

**SIGN:**

**DATE:**

**PRINT NAME:**

Whilst every care is taken to safeguard your wellbeing, ultimately your health is your responsibility. If you are unsure, talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.