

PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION (PAR-MEDX) FOR PREGNANCY QUESTIONNAIRE FORM

SUMMARY OF THE PAR-MEDX PREGNANCY FORM

As you have previously filled out a PAR-Q Form and have answered YES to the Pregnancy Question for Ante Natal only, these further screening questions helps us to gain a better understanding about your current pregnancy situation. The main questions are in Italics and highlighted in yellow and the first page is for you to fill out only. Next page to follow for Local GP to fill out. We do hold a Level 3 Adapting Exercise for Ante and Post Natal Clients Fitness Qualification for the reason of this form to ask further details.

NO	QUESTIONS	YES	NO
1	GENERAL HEALTH STATUS, In the past, have you experienced:		
1a	Miscarriage in an earlier pregnancy?		
1b	Other pregnancy complications?		
1c	I have completed a PAR-Q within the last 30 days.		
	If you have answered YES to 1a and 1b, please explain below (including number of Pregnancies):		
2	STATUS OF CURRENT PREGNANCY, During this pregnancy, have you experienced:		
2a	When is your due date? ___ / ___ / _____		
2b	Marked fatigue?		
2c	Bleeding from the vagina ("spotting")?		
2d	Unexplained faintness or dizziness?		
2e	Unexplained abdominal pain?		
2f	Sudden swelling of ankles, hands or face?		
2g	Persistent headaches or problems with headaches?		
2h	Swelling, pain or redness in the calf of one leg?		
2i	Absence of fetal movement after 6th month?		
2j	Failure to gain weight after 5th month?		
	If you answered YES to any of the above questions, please explain below:		
3	ACTIVITY HABITS DURING THE PAST MONTH		
3a	List only regular fitness/recreational activities below that you currently do now:		
3b	Does your regular occupation (job/home) activity involve:		
3bi	Heavy lifting?		
3bii	Frequent walking/stair climbing?		
3biii	Occasional walking (> once/hr)?		
3biv	Prolonged standing?		
3bv	Mainly sitting?		
3bvi	Normal daily activity?		
3c	Do you currently smoke tobacco?*		
3d	Do you consume alcohol?*		
	*Note: Pregnant women are strongly advised not to smoke or consume alcohol during pregnancy and during lactation.		
4	PHYSICAL ACTIVITY INTENTIONS		
4a	What physical activity do you intend to do (please state below)?		
4b	Is this a change from what you currently do?		

LOCAL GP USE ONLY

The second page is for your local GP to fill out in order to give the participant the all clear to exercise with no issues. If your GP has declared, you not safe to exercise due to absolute contraindications, unfortunately we wouldn't take on the participant at this present time. If the participant is on relative contraindications, it is safe to exercise with supervision from Medical GP's advice, but otherwise close monitoring will be required. The main questions are in Italics and highlighted in yellow

NO	QUESTIONS	YES	NO
1	ABSOLUTE CONTRAINDICATIONS. Does the participant have:		
1a	Haemodynamically significant heart disease		
1b	Restrictive lung disease		
1c	Incompetent cervix		
1d	Multiple gestation at risk for premature labour		
1e	Persistent second or third trimester bleeding		
1f	Placenta praevia after 26 weeks' gestation		
1g	Premature labour during the current pregnancy		
1h	Ruptured membranes		
1i	Pregnancy-induced hypertension		
1j	If you answered YES to any of the above questions, please explain below:		

2	RELATIVE CONTRAINDICATIONS. Does the participant have:		
2a	Severe anaemia		
2b	Unevaluated maternal cardiac arrhythmia		
2c	Chronic bronchitis		
2d	Poorly controlled type I diabetes		
2e	Extreme morbid obesity		
2f	Extreme low weight (body mass index <12)		
2h	History of extremely sedentary lifestyle		
2i	Intrauterine growth restriction in current pregnancy		
2j	Poorly controlled hypertension/pre-eclampsia		
2k	Orthopaedic limitations		
2l	Poorly controlled seizure disorder		
2m	Poorly controlled thyroid disease		
2n	Heavy smoking		
	If you answered YES to any of the above questions, please explain below:		

PHYSICAL ACTIVITY RECOMMENDATION

APPROVED		APPROVED WITH CONDITIONS		NOT SAFE TO EXERCISE	
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DECLARATION

GP use - I as a GP Practice declared the participant is safe to exercise and have discussed with the patient's plans to participate in physical activity during their current pregnancy and I have his/her approval to begin participation – that I have answered No to all questions above for GP use only. If I have answered Yes to any Relative Contraindications, then the participant is safe to exercise only with conditions to meet with GP's advice. If I have answered Yes to any Absolute Contraindications, then the participant is not safe to exercise, the GP should send this back directly to update for our records – please sign to say the participant is not cleared to do Exercise below.

Patient use - Please take this form as well as PAR-Q Form to your local GP with you to gain clearance to participate in exercise as seen below for GP to sign, can be also either Practice Manager or Nurse as an alternative to sign. If they are unsure of this declaration form to sign, please contact us directly from page 1 of details provided.

Full Terms and Conditions can be found on our website for more information as below:
www.breakingrecordsfitness.co.uk/terms-and-conditions

NAME		SIGNATURE		DATE	
GP NAME FOR CLEARANCE		SIGNATURE		DATE	
GP NAME FOR NO CLEARANCE*		SIGNATURE		DATE	

*Absolute Contraindication only, please send back to us directly!