



Dance to health®

Dance to Health Inclusion Criteria

Dance to Health involves seated and standing endurance, strength and balance activities. In order to keep Dance to Health safe and effective, we need to consider any existing conditions you may have which may be made worse by exercise.

SECTION 1

Please read the following list of symptoms and conditions.

Uncontrolled means the symptoms are happening to you now and medication or other treatment has not stabilised or controlled the symptoms to a comfortable and safe level.

If any of these apply to you, do not join a Dance to Health session until your medical adviser says it is safe for you to do so.

- Uncontrolled pain anywhere in your body
- Uncontrolled angina
- High blood pressure SBP >180 mmHg, or resting DBP > 100mmHg
- Tachycardia (fast heartrate) > 100 beats per minute
- Uncontrolled acute illness e.g. pneumonia, cancer, infection
- Uncontrolled eyesight or balance disturbances
- Any significant drop in blood pressure when exercising
- Unstable or acute heart failure
- Inability to maintain a seated upright position
- Recent fall causing an injury which hasn't been treated by a medical professional

You should be able to follow simple movement instructions, monitor and modify your own exercise level and technique if the instructor asks you to.

Do any of these conditions apply to you?

YES ☐

NO ☐

If you answered YES please speak with staff to find a more suitable activity. You may wish to speak to your health care adviser and take this sheet of paper with you.

If you answered NO please turn over to the second side →

SECTION 2 – Physical Activity Readiness Questionnaire PAR-Q

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor or other qualified professional before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating YES or NO.

Answering YES will not exclude you from joining Dance to Health sessions but will be useful for your instructor to know.

- Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? YES ☐ NO ☐
- Do you feel pain in your chest when you do physical activity? YES ☐ NO ☐
- In the past month, have you had a chest pain when you were not doing physical activity? YES ☐ NO ☐
- Do you lose balance because of dizziness or do you ever lose consciousness? YES ☐ NO ☐
- Do you have a bone or joint problem (for example your back, knee or hip) that could be made worse by a change in your physical activity? YES ☐ NO ☐
- Is your doctor currently prescribing medication for your blood pressure or heart condition? YES ☐ NO ☐
- Do you know of any other reason why you should not take part in physical activity? YES ☐ NO ☐

If YES, please comment:

If you answered **YES** to one or more questions: If you have not already done so, you should talk with your doctor or other qualified professional to check that it is safe for you to become physically active at this current time and in your current state of health.

If you answered **NO** to all questions: It is reasonably safe for you to take part in physical activity, gradually building up from your current ability level.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature:

Print name:

Date:

Having answered YES to one of the questions above, I have sought medical advice and my GP or health professional has agreed that I may exercise.

Signature:

Date:

This PAR Q becomes invalid should your condition change



@Dance_to_Health



@DancetoHealth

Charity No. 1134572