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**MPCT Health and Lifestyle Questionnaire**

**The following questionnaire is used as a pre-employment assessment to gain an insight into a potential new employees’ ability to deliver or assess fitness training to the required standard and to ensure all Operational Staff are ‘Fit to Teach’ (as per the Occupational Health Guidance drawn up on behalf of the Department of Education).**

*(This questionnaire may also be used to assess a staff member whose physical or medical circumstances have changed, this may result in MPCT requesting an Occupational Health Assessment).*

**PLEASE COMPLETE IN BLOCK CAPITALS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAME** |  | **SURNAME** |  |
| **DOB** |  | **PHONE NO** |  |
| **ADDRESS** |  |
| **POST CODE** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CURRENT FITNESS LEVEL**Please use the 1.5 mile run time as a barometer.(Please circle or highlight)  | **Very Fit** UNDER 9:00 | **Fit**9:01-10:30 | **Averag**e10:31-12.45 | **Poor**12:46-15:00 | **Sedentary**OVER15 MINS |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CURRENT ACTIVITY LEVEL PER WEEK.**(Using 30 minutes moderate exercise as a barometer)(Please circle or highlight) | **Very Active**10 times per week | **Active**6-8 times per week | **Moderately****Active**4-6 times per week | **Sometimes Active**2 times per week | **Sedentary**Does not exercise |
| **Do you hold a fitness qualification? (circle)** | No qual | Level 2 | Level 3 | Level 4+ | Mil PTI |

**PARQ Pre Activity Readiness Questionnaire**

**Please answer the following Health questions (CIRCLE) and give further detail where applicable:**

|  |  |  |
| --- | --- | --- |
| **Ser** | **Health Question** | **Response** |
| 1 | Has your doctor ever said you have heart trouble? | **YES** | **NO** |
| 2 | Have you ever had pains in your chest? | **YES** | **NO** |
| 3 | Do you often feel faint or have spells of dizziness? | **YES** | **NO** |
| 4 | Do you suffer from hypertension or low blood pressure? | **YES** | **NO** |
| 5 | Has a doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? | **YES** | **NO** |
| 6 | Have you been in hospital in the last 3 years? | **YES** | **NO** |
| 7 | Are you Pre/Post natal? | **YES** | **NO** |
| 8 | Do you suffer from asthma, or breathing difficulties? | **YES** | **NO** |
| 9 | Do you suffer from diabetes or epilepsy? | **YES** | **NO** |
| 10 | Do you suffer from an allergy? | **YES** | **NO** |
| 11 | Are you currently taking any medication? | **YES** | **NO** |
| 12 | If ‘Yes’ what medication do you take? ........................................................................................ |
| 13 | Is there a good physical reason not mentioned here why you should not follow an activity programme? | **YES** | **NO** |
| 14 | Were you medically discharged from the Armed Forces? | **YES** | **NO** |
| 15 | Do you have a disability? | **YES** | **NO** |
| 16 | Do you have any long-term injuries that will prevent you delivering Physical Training Activities on a daily basis? | **YES** | **NO** |
| 17 | Have you been diagnosed with PTSD? | **YES** | **NO** |
| 18 | Have you ever had any illness, medical problem or disability that may currently affect your ability to work safely as a teacher or working in a teaching environment? If yes please give details -  | **YES** | **NO** |
| 19 | Have you seen a doctor in the last year for ***any*** kind of health problem? If so please give reason(s). | **YES** | **NO** |
| 20 | Are you having or are you waiting for any treatment or investigations of any kind at the moment? | **YES** | **NO** |
| 21 | Have you ever had any illness or health related problem that may have been caused or made worse by your work? | **YES** | **NO** |
| 22 | Have you ever been medically retired from ***any*** job, or left ***any*** job because of ill health? | **YES** | **NO** |
| 23 | Do you have any eyesight problems not corrected with glasses? | **YES** | **NO** |
| 24 | Do you have any hearing problems? | **YES** | **NO** |
| 25 | Have you ever had any back problem? | **YES** | **NO** |
| 26 | Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, nervous debility, nervous breakdown, schizophrenia or eating disorder (anorexia or bulimia)? | **YES** | **NO** |
| 27 | Have you ever had a drug or alcohol problem? | **YES** | **NO** |
| 28 | Have you ever had fits, blackouts or epilepsy? | **YES** | **NO** |
| 29 | Have you ever had any skin problems? | **YES** | **NO** |
| 30 | In the last 12 months, have you had a cough for more than 3 weeks, coughed up blood or had any unexplained weight loss or fever? | **YES** | **NO** |
| 31 | Have you ever had hepatitis or jaundice? Do you have any other medical conditions? Are you on any medication at present? | **YES** | **NO** |
| 32 | Do you participate in regular exercise on a weekly basis? | **YES** | **NO** |
| 33 | Do you feel well at the moment? | **YES** | **NO** |
| 34 | Have you ever been associated with any subversive organisations | **YES** | **NO** |
| 35 | Have you ever had any significant financial difficulties or unexplained affluence | **YES** | **NO** |
| 36 | Have you ever engaged in conduct that could lead to vulnerability or blackmail | **YES** | **NO** |
| 37 | Have you ever engaged in conduct that could lead to unreliability/dishonesty/untrustworthiness/indiscretion? | **YES** | **NO** |
| 38 | Have you ever had any involvement in, or approaches by, any banned political, religious or protest group | **YES** | **NO** |
| 39 | Have you ever had any association with any individual involved in criminal activity or any person who associates with others involved in criminal activity | **YES** | **NO** |
| 40 | Have you ever been subject to, police caution, civil or criminal proceedings, including all motoring convictions (except those restricted to parking infringements). | **YES** | **NO** |

**If you have answered yes to any of the above questions please provide further detail in the box below (you can continue on an additional sheet if required). Any additional information given will be discussed during interview.**

**Declaration**

I declare that all of the statements and information I have made on this questionnaire are true to the best of my knowledge. I understand that giving false information or failing to disclose any significant information could result in dismissal*.*

Signature...................................... Date .............................................

PRINT NAME (BLOCK CAPITALS) ..........................................................

**Office use only**

**The interviewer must note below any discussion in reference to yes responses.**

Staff Signature...................................... Date .............................................

PRINT NAME (BLOCK CAPITALS) ..........................................................