

Name:

D O B:

Address:

Zipcode:

Email:

Mobile:

## Physical Activity Readiness Questionnaire (PAR-Q)

If you are between the ages of 10 and 25, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 25 years of age and are not used to being very active, check with your doctor. Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly: check YES or NO.

- |                                                                                                                                          |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you feel pain in your chest when you do physical activity?                                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. In the past month, have you had a chest pain when you were not doing physical activity?                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness?                                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Is your doctor currently prescribing medication for your blood pressure or heart condition?                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you know of <u>any other reason</u> why you should not do physical activity?                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please comment: \_\_\_\_\_

### YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

### NO to all questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

**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 above, I have sought medical advice and my GP has agreed that I may exercise.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:** This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.