

# PAR-Q

Fitness Coach: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Member ID# \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Phone #1 \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 #2 \_\_\_\_\_ Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

<b><u>Physical Activity Readiness Questionnaire</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
1. Has a doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	_____	_____
2. Do you feel pain in your chest when you perform physical activity?	_____	_____
3. In the past month, have you had chest pain when you were not performing any physical activity?	_____	_____
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	_____	_____
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	_____	_____
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	_____	_____
7. Do you know of <u>any</u> other reason why you should not engage in physical activity?	_____	_____

\* If you have answered "YES" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered, "YES" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

\*\* Please note: This physical activity clearance is valid for 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. If your health changes so that you then answer "YES" to any of the above questions, tell your fitness or health professional.

Please check <u>all</u> that apply to you:	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>		
Do you smoke	_____	_____	Shortness of Breath	_____	_____	Hip Problems	_____	_____
Cardiac Disease	_____	_____	Arthritis	_____	_____	Back Problems	_____	_____
Hypertension	_____	_____	Pregnant	_____	_____	If yes, where?	_____	_____
Hypotension	_____	_____	Recent Surgery	_____	_____	Cervical	_____	_____
High Cholesterol	_____	_____	Joint Problems	_____	_____	Thoracic	_____	_____
Angina	_____	_____	Foot Problems	_____	_____	Lumbar	_____	_____
Diabetes	_____	_____	Knee Problems	_____	_____	Current Medication	_____	_____
Asthma	_____	_____	Neck Problems	_____	_____	If yes, explain: _____	_____	_____

\*\*\* I acknowledge that the above stated is accurate and true to the best of my knowledge. I assume all of the risks known to be inherent with participation in any physical activity. I assume all liability relating to any possible injuries sustained as a result of my participation. Participation and use of the facilities is at my own risk and completely voluntary.

Participant/Member Signature \_\_\_\_\_

Date \_\_\_\_\_