

PAR-Q

(Physical Activity Readiness Questionnaire)

People are increasingly participating in more regular form of exercise. Being more active is usually safe for most people. Some people should check with their doctor before becoming much more active. If you are planning to increase your activity levels, and that you are between 15 and 69, this form will indicate you if you should first take a medical clearance before engaging in higher levels of activities. If you are over 70years you should consult with your doctor first.

Name: _____ Phone number: _____ Date: _____

D.O.B (dd/mm/yyyy): _____ Age: _____

	Questions	Yes	No
1	Has your 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, prolonged palpitations or excessive shortness of breath 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 change in your physical activity?		
6	Is your doctor currently prescribing you any medication for your blood pressure or heart condition or diabetes?		
7	Do you have any other medical illness such as Asthma or Epilepsy?		
8	Do you know of any other reason why you should not engage in physical activity?		

If you ever answer “YES” to one or more of those questions, we highly recommend that you talk to your doctor, telling them about the answers to the questions, before becoming more active. We would recommend that you get a medical clearance before starting more strenuous exercise.

If you answer “NO” to all the questions, you can be reasonable certain you are safe to engage in increased level of physical activity.

Côte D’Or National Sports Complex and its staff assume no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to start physical activity.

“I have read, understood and completed this questionnaire to the best of my ability. Any questions I had were answered to my full satisfaction”

Signature: _____

Date: _____

Signature of legal guardian: _____ Witness/Staff Initial: _____