

# Physical Activity Readiness Questionnaire (PAR-Q)

Please read the below questions carefully and check YES or NO opposite the question if it applies to you. If yes, please explain.

## QUESTION

YES NO

1. Has your doctor ever said you have heart trouble?

If yes, please state:

2. Do you frequently have pains in your heart and chest?

If yes, please state:

3. Do you often feel faint or have spells of severe dizziness?

If yes, please state:

4. Has a doctor ever said your blood pressure was too high?

If yes, please state:

5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?

If yes, please state:

6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?

If yes, please state:

7. Are you or have you been pregnant in the last 6 months?

8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?

If yes, please state:

9. Are you currently taking any medications?

If yes, please specify:

10. Do you currently have a disability or a communicable disease?

If yes, please state:

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a doctor before participating in physical and aerobic fitness activities.

**INFORMED CONSENT:** I fully understand that my participation in instructed physical activities is completely voluntary and I may withdraw from the instructed exercises at any time. I also confirm that I understand that exercising involves inherent but unlikely risk of injury and in the extreme circumstances the possibility of death. By signing below, I confirm that I have answered honestly all the pre-exercise medical questions and release the instructor from any liability with respect to any damage or injury I may suffer whilst exercising.

Print name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature (of parent/guardian if participant is under the age of majority): \_\_\_\_\_

Instructor: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_