



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME: _____ AGE: _____

ADDRESS: _____

PHONE NUMBER(s): _____

DATE: _____ FACILITY: _____ MEMBER #: _____

Check YES or NO.

	YES	NO
1. Has a doctor ever said that you have a heart condition and recommend only medically supervised activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you developed chest pain?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be aggravated by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

**If you
answered**

YES to one or more questions

Please explain: _____

Please list medications: _____

- We require that anyone who answers yes to one or more questions must have their physician complete and return a Medical Clearance Form to us before you can begin exercising at our club. For your convenience, this form can be faxed to your physician.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment—this is an excellent way to determine your basic fitness level.

→ Delay becoming more active if:

- If you have a temporary illness such as a cold or a fever.
- If you are or may be pregnant - talk to your doctor before initiating exercise.

Please note: If your health changes so that you would answer YES to the above questions, tell your fitness or health professional.

Emergency Contact: _____

Phone: _____

Signature of Member or Legal Guardian: _____ Date: _____