

Physical Activity Readiness Questionnaire (PAR-Q)

The PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question as it applies to you.

YES/NO

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing 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 drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?

****If you have answered "YES" to one or more questions, prior to becoming a member of Zag Fitness, you must have your personal physician fill out a medical clearance form.**

NOTE: If you have a temporary illness, such as a common cold, or are not feeling well at this time it is recommended that you postpone participation until the illness has past or participate at a lower intensity. In addition, if any changes in your health condition occur, please notify the instructor(s) immediately. Program modification or further medical clearance may be necessary.

I, _____ hereby certify that I have read and understand all of the above information and have answered each and every question truthfully to the best of my knowledge and ability. I understand that I will be required to have my physician complete a written medical clearance form if I answer "yes" to any of the questions above. It is also my responsibility to notify the instructor(s) of any changes in my health conditions as they occur.

Name of Participant _____
(Please print)

Signature _____ Date _____

Witness _____ Date _____

For office use only:

Medical clearance form given: _____ Medical clearance form returned: _____ (WEB-SITE form)