**Par Q Form**

**Physical Activity Readiness Questionnaire**

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

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any medication? If yes, please list medication, dosage and reason.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you physician ask you to inform him before participating in any physical activity?

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Answer the following health question in Yes or No

 **YES NO**

History of heart problems, strokes or chest pains? \_\_\_\_\_\_ \_\_\_\_\_\_

High blood pressure? \_\_\_\_\_\_ \_\_\_\_\_\_

Any chronic illness? \_\_\_\_\_\_ \_\_\_\_\_\_

Do you lose balance because of dizziness? \_\_\_\_\_\_ \_\_\_\_\_\_

 **YES NO**

Recent surgery? (last 12 months). \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Hernia or any condition that may be aggravated \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

due to weight lifting?

Are you pregnant? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

History of breathing or lung problem? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Muscle, joint or back disorder or any previous

Injuries still bothering you? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Diabetes or thyroid? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Increased blood cholesterol? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Is there any other reason why you shouldn’t engage in any fitness activity?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any ‘’YES’’ answer on the blank space.

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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All of the information is true to my knowledge and I bond to inform my trainer Hasina Masood from Nutrient Fitness whenever there is a change in my health status.

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