**PAR Q - Physical Activity Readiness Questionnaire**

Please take the time to complete the following questions to the best of your knowledge.

* Have you ever been diagnosed with a heart condition?
* Do you have any chest pain brought on by physical activity?
* Do you feel light headed or dizzy when exercising?
* Do you have any bone or joint problems / injuries?
* Are you taking any prescribed medications that could affect you during exercise?
* Are you aware of any reason not to exercise without medical supervision?
* Women only - are you pregnant?
* Do you smoke?

Name …………………………………………………………………………………..

Sign ……………………………………………………….

Date ……………………………….