AFA PAR-Q+

Please read the 7 questions below carefully and answer each one honestly: **YES or NO**

Has your doctor ever said that you have a heart condition OR high blood pressure?		
Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?		
Have you ever been diagnosed with another chronic medical condition? (Other than heart disease or high blood pressure)		
Are you currently taking prescribed medications for a chronic medical condition?		
Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active?		
Has your doctor ever said that you should only do medically supervised physical activity?		

If yes to any, explain:

Participant Declaration

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness centre, health care provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that the Trustee maintains the privacy of the information and does not misuse or wrongfully disclose such information.

Name _____ **Date** _____

Signature _____ **Witness** _____

Signature of Parent/Guardian/Care Provider _____