



PHYSICAL ACTIVITY
READINESS QUESTIONNAIRE (PAR-Q)

Name:

Male Female

Address:

Telephone Number: Alternate:

Emergency Contact Name: Phone:

Personal Physician:

Physician's Address:

Physician's Telephone Number:

Please read questions below and check Yes or No.

#	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you feel pain in your chest when you perform physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3	In the past month, have you had chest pain when you were not performing any physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you know of any other reason why you should not engage in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.