



PAR -Q FORM

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their physician before they start becoming more physically active. *Please complete this form as accurately and completely as possible.*

Please mark YES or No to the following:

| | YES | NO |
|---|-------|-------|
| Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? | _____ | _____ |
| Do you frequently have pains in your chest when you perform physical activity? | _____ | _____ |
| Have you had chest pain when you were not doing physical activity? | _____ | _____ |
| Have you had a stroke? | _____ | _____ |
| Do you lose your balance due to dizziness or do you ever lose consciousness? | _____ | _____ |
| Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (I.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? | _____ | _____ |
| Are you pregnant now or have you given birth within the last 6 months? | _____ | _____ |
| Do you have asthma or exercise induced asthma? | _____ | _____ |
| Do you have low blood sugar levels (hypoglycemia)? | _____ | _____ |
| Do you have diabetes? | _____ | _____ |
| Have you had a recent surgery? | _____ | _____ |

If you have marked YES to any of the above, please elaborate on the following page.

Please make any notes from previous page here:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes No

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

*****If you answered yes to any question, you MUST have your doctor sign the Medical Release Form before meeting with a trainer.**

Please note: If your health changes such that you could then answer YES to any of the above questions, tell your trainer/coach. Ask whether you should change your physical activity plan.

I have read, understood, and completed the questionnaire. Any questions I had were answered to my full satisfaction.

Print Name: _____

Signature: _____

Date: _____