



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

These questions are designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of this PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate, or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering the following questions. Please read them carefully and check the correct answer opposite the question as it applies to you.

**NOTE: if you answer YES to any of the questions, please provide your physician's name, clinic name and fax number. We will contact your physician to obtain clearance for you to exercise without supervision. Once we receive clearance from your physician, your membership will be activated.**

\*\*\* PHYSICIAN'S CONTACT INFORMATION\*\*\*  
Please provide physician's name, clinic name and fax number if you answered YES to any of the questions.  
NAME: \_\_\_\_\_  
CLINIC: \_\_\_\_\_  
FAX #: \_\_\_\_\_

- YES NO
1. \_\_\_ \_\_\_ Has your doctor ever said you have heart trouble?
  2. \_\_\_ \_\_\_ Do you frequently have pains in your heart and/or chest?
  3. \_\_\_ \_\_\_ Do you often feel faint or have spells of severe dizziness?
  4. \_\_\_ \_\_\_ Do you have a breathing disorder?
  5. \_\_\_ \_\_\_ Has a doctor ever told you that you might have a bone or joint problem, such as arthritis, that might be aggravated with exercise?
  6. \_\_\_ \_\_\_ Are you being treated for high blood pressure or on medication for this condition?
  7. \_\_\_ \_\_\_ Is there any reason not mentioned here why you should not follow an activity program even if you wanted to?  
Please explain: \_\_\_\_\_

\_\_\_\_\_ If your health changes so that you then answer YES to any of the above questions, contact the Membership Services Representative immediately. We will contact your physician and request medical clearance for you to resume exercise without supervision.  
Initial

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Staff Person

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date