

Garth Trails Clubhouse

PAR-Q

Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy and being active is safe for most people. If you are signing up for a fitness activity, the PAR-Q will tell you if you should check with your doctor before you start becoming more physically active:

1. Please read the questions carefully and answer each one honestly by checking “yes” or “no”.

2. Tell your doctor about the PAR-Q and discuss the questions you answered with a “yes”.

You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice to ensure the fitness programs you choose are safe and helpful for you.

It is recommended that you consult your doctor before beginning or changing your physical activity.

- | | | |
|--------|---------|---|
| No () | Yes () | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| No () | Yes () | Do you feel pain in your chest when you do physical activity? |
| No () | Yes () | In the past month, have you had chest pain when you were not doing physical activity? |
| No () | Yes () | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| No () | Yes () | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| No () | Yes () | Is your doctor currently prescribing drugs for your blood pressure or heart condition? |
| No () | Yes () | Do you have an implanted artificial pacemaker? |
| No () | Yes () | Do you have rescue medication (e.g. EpiPen, inhaler, nitro glycerin, etc.) and have notified the instructor as to where it is kept? |
| No () | Yes () | Do you know of any other reason why you should not do physical activity? |

If your health changes, consult your doctor to see if you should change your physical activity plan.

Is your doctor aware that you are participating in or beginning an exercise program? Please initial the statement that applies to you.

- _____ YES, my doctor is aware of my physical activity.
- _____ NO, my doctor is not aware of my physical activity and I will speak with him/her before starting or changing my physical activity.
- _____ NO, I am aware that I should consult my doctor before beginning any exercise program.

Delay becoming much more active if you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better.

I, _____, have read, understood and completed this questionnaire. () I have included an attachment.

Signature: _____ Date: _____

NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if you condition changes so that you would answer YES to any of the questions.

(OPTIONAL) In case of physical medical emergency, please contact:

Name: _____ Relation: _____ Phone: _____

(OFFICE USE)

Filed by: _____ Expiry (M/Y): _____