



PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of 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 problems or hazard. PAR-Q has been designed to identify 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 these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

YES **NO**

- ____ ____ 1. Has your doctor ever said you have heart trouble?
Yes, _____
- ____ ____ 2. Do you frequently have pains in your heart and chest?
Yes, _____
- ____ ____ 3. Do you often feel faint or have spells of severe dizziness?
Yes, _____
- ____ ____ 4. Has a doctor ever said your blood pressure was too high?
Yes, _____
- ____ ____ 5. Has your doctor ever told you that you have a bone or joint problem(s),
such as arthritis, that has been aggravated by exercise or might be made
worse with exercise?
Yes, _____
- ____ ____ 6. Is there a good physical reason, not mentioned here, why you should not
follow an activity program even if you wanted to?
Yes, _____
- ____ ____ 7. Are you over age 60 **and** not accustomed to vigorous exercise?
Yes, _____
- ____ ____ 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or
numbness?
Yes, _____
- ____ ____ 9. Are you currently taking any medications? If YES, please specify.
Yes, _____
- ____ ____ 10. Do you currently have a disability or a communicable disease? If YES,
Please specify,
Yes, _____

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing.

Print Name

Signature

Date

Please Note: If you contract a communicable disease, it is your responsibility to inform your trainer. Your program might need to be suspended until this condition is cured or in a state of remission.