

Physical Activity Readiness Questionnaire (PAR-Q) - Standard

Name (print) _____ Date _____

Work Phone # _____ Home Phone # _____

Employer _____ Email address _____

Emergency Contact _____ Phone _____

T-shirt Size: ☐ Small ☐ Medium ☐ Large ☐ XL

Sorry we will be unable to grant any refunds for this program. You may mail this form with payment to: Fitcorp/attn: John Furey/800 Boylston Street/Boston, MA 02199 or bring the form to the first scheduled run on December 5, 2009. Space is limited.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

Check YES or NO. **Checking YES to any answer will require you to get a physician's clearance before starting an exercise program.**

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose 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 drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

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

Signature _____ Staff name _____

Fitcorp Marathon Training Weather Hotline (617)375-5600 ex. 103