

Modified Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ DOB: ____ Phone: _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:		
Yes		Has your doctor ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	When you do physical activity, do you feel pain in your chest?
Yes	No	When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	Do you ever lose consciousness or do you lose balance because of dizziness?
Yes	No	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	Are you pregnant?
Yes	No	Do you have insulin dependent diabetes?
Yes	No	Are 69 years of age or older?
Yes	No	Do you know of any other reason you should not exercise or increase your physical activity?
If you answered yes to any of the above questions, you will need to obtain a physician referral BEFORE you become more physically active. Have your physician complete the referral located below. If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.		
Participant signature: Date:		
Physician Use ONLY – please select one		
Yes	No	Cleared to participate in the Medical Fitness Program with no restrictions
Yes	No	Cleared to participate in the Medical Fitness Program with the following restrictions:
Yes	No	Not cleared to participate in the Medical Fitness Program

_Date_____

Physician Signature_____