

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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 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 questions. Please read them carefully and check YES or NO opposite the question if it applies to you. If a question is answered with YES, please use the available space to explain your answer and give additional details.

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  YES  NO
  
2. Do you feel pain in your chest when you do physical activity?  YES  NO
  
3. In the past month, have you had chest pains when you weren't doing physical activity?  YES  NO
  
4. Do you lose your balance because of dizziness or do you ever lose consciousness?  YES  NO
  
5. Do you have a bone or joint problem that could be made worse by a change in physical activity?  YES  NO
  
6. Have you been hospitalized or had major surgery in the past 5 years?  YES  NO  
If so, what?
  
7. Do you have a history of back, knee, shoulder or any other orthopedic problems? If so, what?  YES  NO

8. Is your doctor currently prescribing drugs (ex. Water pills) for your blood pressure or heart condition?  YES  NO
9. Are you currently taking any prescription medications? If yes, please list.  YES  NO
10. Do you have any restrictions to strenuous exercise?  YES  NO
11. Do you currently participate in any regular activity program designed to improve or maintain your physical fitness? If yes, what activity  YES  NO

HEALTH CONDITIONS

Has a doctor or health professional ever told you that you have any of the following?

- Health Disease
- Family history of heart disease
- High Blood Pressure
- High Cholesterol
- Obesity
- Lack of Physical Activity
- Diabetes
- Irregular heart beat
- Asthma

Do you have any of the following?

- Back Pain
- Joint, tendon, or muscular pain
- Lung disease (Asthma, emphysema, etc.)
- Arthritis
- Tendonitis

Please explain:

MEDICATIONS

Are you currently taking any of the following medications?

- Blood Pressure Medication
- Cholesterol Medication
- Blood Sugar Medication
- Heart Medication

What best describes your current smoking status?

- I have NEVER smoked or quit more than 6 months ago.
- I CURRENTLY smoke or quit within the last 6 months.

OVERALL STATE OF HEALTH

How would you rate your overall state of health?

     POOR                           GOOD  
     FAIR                          EXCELLENT

FOR MEDICAL USE ONLY

Cleared to participate      with      without restriction  
based on review of      Par-Q      Chart      Discussion w/patient      Exam

Restriction: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Reviewed by            Staff)

\_\_\_\_\_  
(Date)

I hereby request the opportunity to participate in an exercise program consisting of physical exercise designed to improve cardiovascular efficiency, improve flexibility, and develop muscular strength and endurance. I hereby acknowledge that my participation in such program is entirely voluntary on my part.

Such participation is solely for your own pleasures and benefit.

I will be taught how to properly operate all equipment necessary for my participation. I realize that the physical fitness equipment provided can be potentially dangerous and that if I am unsure of the proper operation of any equipment, I should ask for assistance from the fitness staff. In addition, I understand that I should immediately cease using any malfunctioning equipment and report to the fitness staff that equipment is in need of repair.

It is possible that certain unhealthy changes may occur during exercise (ex: dizziness, fainting, abnormal heart rhythms, and in rare instances, heart attacks). I hereby accept all risks of such changes. The information which is obtained through this program is confidential.

In consideration of acceptance of my participation in such program, I hereby release officers, directors, employees, and agents (as a group and as individuals) of any of the foregoing for liability for any injury or damage sustained by me while participating in such a program.

\_\_\_\_\_  
(Sign Here)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

Save: Kiernan/ KC Docs/ Personal Training/ Registration Info./ 07PAR-Q FORM