

PAR-Q
Physical Activity Readiness Questionnaire

Name: _____ Date: _____
DOB: _____ Telephone: _____ Email: _____
Address: _____
City/State/Zip: _____

For most people physical activity should pose no hazard. PAR-Q has been designed, and is used industry wide, to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice before starting an exercise program.

Common sense is your best guide in answering the following few questions. Please read them carefully and check the correct answer opposite each question. EFX Fitness and Roots Athletic Development has the right to require a medical clearance from your physician before prescribing an exercise program.

Yes No

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? |
| ___ | ___ | 2. Do you have chest pains brought on by physical activity? |
| ___ | ___ | 3. Have you developed chest pain in the past month? |
| ___ | ___ | 4. Have you on one or more occasion lost consciousness or fallen over as a result of dizziness? |
| ___ | ___ | 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? |
| ___ | ___ | 6. Has a doctor ever recommended medication for your blood pressure or a heart condition? |
| ___ | ___ | 7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision? |

Suitability for Exercise: It is the position of EFX Fitness and Roots Athletic Development that anyone undertaking exercise should visit their doctor prior to commencing such a program, especially if they answer yes to any of the above questions.

Signature (or parent/guardian if under 18)

Date