

Fitness Centre PAR-Q

Physical Readiness Questionnaire

Name: _____

Gender: _____ DOB: _____ Age: _____

Emergency Contact: _____ Contact #: _____

Yes	No	
		1. Has a medical professional ever said that the participant has a heart condition and should only do physical activity recommended by a medical professional? This might include diabetes, a recent injury, or serious illness.
		2. Does the participant ever experience chest pain during physical activity?
		3. Does the participant ever lose balance because of dizziness or do they ever lose consciousness?
		4. Does the participant have a history of epilepsy or seizures?
		5. Does the participant have a bone or joint problem that could be made worse by a change in their physical activity participation?
		6. Does the participant have uncontrolled asthma (i.e. asthma that is not easily controlled by an inhaler)?
		7. Do you know of any other reasons why the participant should not undergo physical activity?

How often do you participate in physical activity?

Never

Rarely (once a month)

Often (Weekly)

Always (Daily)

If you answered 'YES' to any of the above question's medical clearance from your physician may be required. Please give details to any of the above questions answered with "Yes" here:

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

In signing this form, I, the parent/guardian of the participant, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge. I understand that my child is responsible for monitoring him or herself throughout any activity, and should any unusual symptoms occur, would ease participation and inform the supervisor.

 Parent / Guardian

 Date