

# Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

## Physical Activity Readiness Questionnaire (PAR-Q)

Check YES or NO.

1. Has a doctor ever said that you have a heart condition and recommend only medically supervised activity? Yes \_\_\_\_ No \_\_\_\_
2. Do you have chest pain brought on by physical activity? Yes \_\_\_\_ No \_\_\_\_
3. In the past month, have you developed chest pain? Yes \_\_\_\_ No \_\_\_\_
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness? Yes \_\_\_\_ No \_\_\_\_
5. Do you have a bone or joint problem that could be aggravated by physical activity? Yes \_\_\_\_ No \_\_\_\_
6. Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes \_\_\_\_ No \_\_\_\_
7. Are you aware, through your own experience or a doctor's advise, of any other physical reason that would prohibit you from exercising without medical supervision? Yes \_\_\_\_ No \_\_\_\_

If you answered...

**YES** to one or more question(s)

Please explain:

---

---

---

Please list medication:

---

---

- We require that anyone who answers **yes** to one or more questions must have their physician complete and return a Medical Clearance Form to us before you can begin exercising.

**NO** to all questions

- If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_