



Energize

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for 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 few questions. Please read them carefully and check **YES** or **NO** opposite the question if it applies to you. If you answer yes to any of the questions, please provide an explanation.

YES	NO	
_____	_____	1. Has your doctor ever said you have heart trouble? If YES, please specify: _____
_____	_____	2. Do you frequently have pains in your heart and chest? If YES, please specify: _____
_____	_____	3. Do you often feel faint or have spells of severe dizziness? If YES, please specify: _____
_____	_____	4. Has a doctor ever said your blood pressure was too high? If YES, please specify: _____
_____	_____	5. Has your doctor ever told you that you have a bone or joint problem(s) such as arthritis that has been aggravated by exercise, or might be made worse with exercise? If YES, please specify: _____
_____	_____	6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? If YES, please specify: _____
_____	_____	7. Are you over the age of 50 and not accustomed to vigorous exercise? Yes, _____
_____	_____	8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness? If YES, please specify: _____
_____	_____	9. Are you currently taking any medications? If YES, please specify: _____
_____	_____	10. Do you currently have a disability or a communicable disease? If YES, please specify: _____

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities.

Please Note: If you contract a communicable disease, it is your responsibility to inform the UNIS Energize Staff of this condition and your membership may be suspended until this condition is cured or is in a state of remission.

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Print Name of Family Member

Signature

Date

Parent or Legal Guardian Signature (required for all participants under the age of 11):

Print Name of Parent

Signature

Date