PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Member Name:	DOB:		
Address:			
Email:	Phone:		
,	and 69, the PAR-Q will tell you if you singe your physical activity patterns.	hould check \	with your
If you are over 69 years of age and	d are not used to being very active, che	eck with your	doctor.
Please read each question careful	lly and answer honestly by indicating Y	ES or NO.	
		YES	NO
Has your doctor ever said you should only do physical activity re	have a heart condition and that you ecommended by a doctor?		
Do you feel pain in your chest wh	nen you do physical activity?		
In the past month, have you had physical activity?	a chest pain when you were not doing		
Do you lose balance because consciousness?	of dizziness or do you ever lose		
Do you have a bone or joint pro that could be made worse by a c	blem (for example back, knee or hip) hange in your physical activity?		
Is your doctor currently prescribing or heart condition?	ng medication for your blood pressure		
Do you know of any other reas physical activity?	son why you should not take part in		
If YES, please comment:			
this current time and in your current fyou answered NO to one or m	or to clarify that it is safe for you to become state of health.		
	rately completed this questionnaire. I co		•
engaging in an acceptable level of	exercise, and my participation involved	s a risk of inju	iry.
Signature:	Print Name:	Date:	
Having answered YES to one of the has agreed that I may exercise.	ne questions above, I have sought med	ical advice ar	nd my GP
Signature:		Date):

Note: This PAR Q becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.