

## 2021 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS		
Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <b>OR</b> high blood pressure ?	0	
Do you feel pain in your chest at rest, during your daily activities of living, <b>OR</b> when you do physical activity?	0	0
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?  Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	0	0
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE:	0	0
5) Are you currently taking prescribed medications for a chronic medical condition?  PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:	0	0
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) MERE:	0	0
7) Has your doctor ever said that you should only do medically supervised physical activity?	0	
Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.  Start becoming much more physically active – start slowly and build up gradually.  Follow Global Physical Activity Guidelines for your age (https://www.who.int/publications/v/tem/9789240015128).  You may take part in a health and fitness appraisal  flyou are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.  If you have any further questions, contact a qualified exercise professional.  PARTICIPANT DECLARATION  If you have any further questions, contact a qualified exercise professional.  PARTICIPANT DECLARATION  If you are less than the legal age required for consent or require the assent of a care provided your parent, guardian or care provider must also sign this form.  Lithe undersigned, have read, understood to my full satisfaction and completed this questionnaire, I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.		
NAME DATE		- 1
SIGNATUREWITNESSWITNESS		- )
If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.  A Delay becoming more active if:		
You have a temporary illness such as a cold or fever; it is best to wait until you feel better.  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-A+ at www.eparmedx.com before becoming more physically active.		
Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.		