

## 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 qualified exercise professional before becoming more physically active.

#### GENERAL HEALTH QUESTIONS

Please read the 6 questions below carefully and answer each one honestly: check YES or NO	YES	NO
Has your doctor ever said you have a heart condition ___ OR high blood pressure _____?		
Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?		
Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?		
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.		
Has a doctor ever said that you should only do medically supervised activity?		

**Please sign the PARTICIPANT DECLARATION.**

**If you answered NO to all of the questions above, you are cleared for physical activity.**

**If you answered YES to one or more of the above questions you should seek further information before becoming more physically active or engaging in a fitness program.**

**Please consult you doctor or a qualified exercise professional.**

**→ Start becoming much more physically active – start slowly and build up gradually.**

**→ If you are over the age of 45 years and NOT accustomed to regular vigorous to exercise, consult your doctor before engaging in this intensity of exercise.**

**→ If you have any further questions please contact your doctor.**

**PARTICIPANT DECLARATION**

**If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian, or care provider must also sign this form.**

**I, the 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 Golden Triangle Gym may retain a copy of this for its records.**

**The Golden Triangle Gym will maintain the confidentiality of the same.**

**NAME \_\_\_\_\_ DATE \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_**

**SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_**