

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

Check YES or NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pains when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

YES to one or more questions

Consult with your personal physician by telephone or in person before increasing your physical activity or participating in a fitness program.

For your safety, the F.L.C cannot allow you to exercise in its facilities until we receive a Physician's Approval Form from your doctor.

** Your doctor may fax the Physician's Approval form to (318) 687-4925*

Amie' Burnham: Fitness Staff - FLC

If
you
answered

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.
- take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- if you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better, or
- if you are or may be pregnant - talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction. I agree to abide by the rules of the FLC Fitness Center as printed in the most recent Policies and Procedures, of which I, or my family, has a copy. I also agree that all use of the FLC Fitness Center facilities shall be undertaken at my own risk, and the FLC Fitness Center and Calvary Baptist Church shall not be liable for any injuries or any damage to me or my property, or be subject to any claim, demand, injury or damages whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of the FLC Fitness Center, Calvary Baptist Church, its officers or agents. I, for myself, and on behalf of my executors, administrators and assigns, do hereby expressly forever release and discharge the FLC Fitness Center, Calvary Baptist Church, its successor and assigns, as well as its officers and agents, for all such claims, demands, injuries, actions or cause of action.

Full Name _____

Signature _____ Witness _____

Date _____ Phone Numbers-Day () _____ Evening () _____