



HEALTH SCREENING FORM (PAR-Q)
Physical Activity and Readiness Questionnaire

Common sense is your best guide in answering these few questions. Please read them carefully and check the YES or NO box opposite the question.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever told you that you have heart or lung problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever had heart-related problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you frequently feel any chest discomfort? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you often feel faint or have spells of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has your doctor ever told you that you have high blood pressure in the past or are you presently taking any medications for blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Other than the injuries that bring you to our clinic, are you aware of any bone, back or joint problems that may be, or could be aggravated by exercise (i.e. arthritis)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever had an episode of exercise-induced asthma, that is, severe wheezing, coughing or severe shortness of breath brought on by exercise or do you ever have unaccustomed shortness of breath at rest or with mild exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have episodes of laboured or difficult breathing during the night where you have to sit up to breathe? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you been told by your doctor that you have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you over 65 and involved in regular exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is there a good reason, not mentioned here, why you should not engage in exercise even if you wanted to? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are you pregnant? |

Comments:

I hereby certify that the above information is correct.

Name	Signature	Date
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Any "YES" reasons concerning cardiovascular, pulmonary or metabolic problems may not engage in any fitness or exercise program until a medical clearance form is completed and signed by an appropriate physician.