

PAR-Q FORM

Please mark YES or NO to the following:

Name: _____

- Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?
YES NO
 - Do you frequently have pains in your chest when you perform physical activity?
YES NO
 - Have you had chest pain when you were not doing physical activity?
YES NO
 - Do you lose your balance due to dizziness or do you ever lose consciousness?
YES NO
 - Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?
YES NO
 - Are you pregnant now or have given birth within the last 6 months?
YES NO
 - Have you had a recent surgery?
YES NO
- If you have marked YES to any of the above, please elaborate below:

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- Do you take any medications, either prescription or non-prescription, on a regular basis?
Yes No What is the medication for? _____
 - How does this medication affect your ability to exercise or achieve your fitness goals?
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Verification of Acknowledgement

I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my coach of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term:

_____ SIGNATURE _____ DATE

_____ guardian signature (if client is under 18)