

BP: ____/____	Ht.: ____	BMI: ____
____/____	Wt. ____	
HR: ____		

Physical Activity Readiness Questionnaire (PAR-Q)

Becoming more active is very safe for most people, in order to ensure that it is safe for you please complete the questionnaire below.

Yes No Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes No Do you feel pain in your chest when you do physical activity?

Yes No In the past month, have you had chest pain when you were not doing physical activity?

Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure, heart condition or diabetes, etc...?

Medicines:

Taken for:

Yes No Do you know of any other reason (for example asthma, diabetes) why you should not do physical activity?

If you answered YES to one or more questions, it may be necessary for you to receive a physician clearance form prior to participation in some Wellness program offerings. If your health changes so that you then answer YES to any of the above questions, ask for advice from your fitness or health professional.

Additional Medical Health History

Yes No Are you age 45 or older and not currently exercising?

Yes No Women: Are you pregnant?

Yes No Do you use tobacco products?

Yes No Is there any history of cardiovascular trouble in anyone under the age of 50 in your immediate family?

If you have a health risk factor of concern, or are 45 years of age or older, you may be required to have your doctor complete a physician's clearance form prior to requesting a treadmill desk workstation. Possible health risk factors of concern include: high blood pressure, diabetes, pregnancy, obesity, asthma, arthritis, heart disease or other factors as determined by the Wellness staff.