



PAR-Q

Physical Activity Readiness Questionnaire & Gloucester 50+ Program Activity Waiver

Regular physical activity is fun and healthy and being more active is very safe for most people. If you are signing up for one or more of our fitness programs, the Par-Q will tell you if you should check with your doctor before you start becoming more physically active:

1. Please read the questions carefully and answer each one honestly by checking "yes" or "no."
2. Tell your doctor about the PAR-Q and discuss the questions you answered with a "yes." You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice to ensure the fitness programs you choose are safe and helpful for you.

It is recommended that you consult your doctor before beginning or changing your exercise program.

	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and 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 pain 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 any other reason why you should not do physical activity? (write on Waiver side if needed)

Is your doctor aware that you are participating in or beginning an exercise program?

√	Initial	Please check and initial the statement that applies to you
<input type="checkbox"/>		YES , my doctor is aware of my exercise program.
<input type="checkbox"/>		NO , my doctor is not aware and I will speak with him/her before starting an exercise program.
<input type="checkbox"/>		NO , I am aware that I should consult my doctor before beginning any exercise program; but, I have chosen not to do so.

Delay becoming much more active if:

- You are not feeling very well because of a temporary illness such as a cold or fever – wait until you feel better.

Please note: If your health changes, consult your doctor to see if 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.

NAME: (Please Print clearly)

ADDRESS:

TELEPHONE NUMBER:

CITY:

POSTAL CODE:

SIGNATURE:

DATE: