

The Town of Richmond Hill

PO. Box 300
225 East Beaver Oak Road
Richmond Hill, Ontario
Canada L4C 4X5
(905) 771-3600

PAR - Q

For most people, physical activity should not pose any problems or hazard. PAR - Q has been designed to identify the small number of adults for whom physical activity may be inappropriate or for those who should have medical advice concerning the type of activity most suitable for them.

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Has your doctor ever said that you have heart trouble? |
| ___ | ___ | 2. Do you frequently have pains in your heart and chest? |
| ___ | ___ | 3. Do you often feel faint or have spells of severe dizziness? |
| ___ | ___ | 4. Has a doctor ever said your blood pressure was too high? |
| ___ | ___ | 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? |
| ___ | ___ | 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| ___ | ___ | 7. Are you over age 65 and not accustomed to vigorous exercise? |

If you answered YES to one or more questions:

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness appraisal. Tell your physician what questions you answered YES to on the PAR-Q or present your PAR-Q copy to your physician. After medical evaluation, seek advice from your physician as to your suitability for:

- unrestricted physical activity starting off easily and progressing gradually.
- restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services. Staff have the right to request a doctor's note prior to starting a program.

If you answered NO to the above questions:

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- A GRADUATED EXERCISE PROGRAM - a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.
- A FITNESS APPRAISAL - The Certified Fitness Test. Postpone Exercise if you have a temporary minor illness, such as a common cold.

	Yes	No
1. Are you presently taking any medication? If yes, please specify – name dosage and purpose: _____	___	___
2. Do you wear a medical alert band? If yes, please specify reason. _____	___	___
3. List any past serious illness, injury or surgery. Are any of these still bothering you? Please specify: _____	___	___
4. Do you now have or have you ever had any back problems. If yes, please give details. _____	___	___
5. Additional Medical Information, please specify: _____		

I have read, understood and completed this questionnaire. Any questions I may have had have been answered to my full satisfaction. Any change in your health conditions, please contact a Fitness Supervisor immediately.

SIGNATURE: _____

DATE: _____



Appropriate Use of Documents: Documents may be downloaded or printed (single copy only). You are free to edit the documents you download and use them for your own projects, but you should show your appreciation by providing credit to the originator of the document. You must not sell the document or make a profit from reproducing it. You must not copy, extract, summarize or distribute downloaded documents outside of your own organization in a manner which competes with or substitutes for the distribution of the database by the Leisure Information Network (LIN). <http://www.lin.ca>