

# PAR-Q Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

## Questions

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

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

Have you experienced chest pain when NOT performing physical activity in the last month?  Yes  No

Do you lose your balance because of dizziness or have you lost consciousness recently?  Yes  No

Do you have any bone or joint problems (back, knee, hip, etc.) such as arthritis, which could be aggravated through physical activity?  Yes  No

Is your doctor currently prescribing you medications for high blood pressure or a heart condition?  Yes  No

Is there any reason why you should not participate in physical activity?  
Reason: \_\_\_\_\_  Yes  No

Do you currently exercise on a regular basis (3+ times per week)?  Yes  No

If Yes to Any Questions: \_\_\_\_\_

If No to All Questions: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Guardian Name