



**Regular physical activity is fun and healthy, and more people are starting to become more active every day. Being more active is very safe for most people. However, some should check with their doctor before beginning physical activity.**

If you are planning to become much more physically active than you are now, start by answering the 10 questions in the box below. If you are between the ages of 15 and 69, the **PAR-Q** will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

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|--|--------|
| 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?                                     | Yes No |
| 2. Have you ever felt pain in your chest when you do physical exercise   | Yes No |
| 3. Do you often feel faint or have spells of severe dizziness?<br>If yes, please state:  | Yes No |
| 4. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?  | Yes No |
| 5. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or that may be made worse by exercise? | Yes No |
| 6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? If yes, please state:                 | Yes No |
| 7. Are you or have you been pregnant in the past 6 months?   | Yes No |
| 8. Are you currently on any prescribed medicines that may affect your ability to exercise?   | Yes No |
| 9. Do you suffer from any problems of the lower back, i.e. chronic pain or numbness?<br>If yes, please state:  | Yes No |
| 10. Do you currently have a disability or a communicable disease?<br>If yes, please state:   | Yes No |

YES to one or more questions: Talk with your doctor by phone or in person BEFORE you start becoming much more active or before you have a fitness appraisal. Tell your doctor about the Pre Activity Readiness Questionnaire and which questions you answered YES. I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

PRINT NAME

SIGNATURE

D.O.B

DATE