

January 2010

## HEALTH HISTORY FORM & PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

TODAY'S DATE	LOCATION

LAST NAME	FIRST NAME	MI	SEX	DOB / AGE
				/

PHYSICIAN NAME / ADDRESS	PHONE NUMBER

EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER

MEDICAL / PHYSICAL ACTIVITY READINESS QUESTIONS	YES	NO
Does your family physician know you are taking part in this assessment?		
Are you on any medications or drugs? If so, please list the medications <i>and</i> the condition for which they have been prescribed (on the final page of this form).		
Do you have now or ever had heart problems, chest pain, stroke?		
Do you feel pain in your chest when you do physical activity?		
Have you had chest pain when not doing physical activity?		
Do you have now or ever had increased blood pressure?		
Do you have now or ever had any chronic illness or condition?		
Do you have now or ever had any difficulty with physical exercise?		
Have you ever been given advice from a physician not to exercise?		
Have you ever had surgery? For what?		
Have you ever been (within past 3 months) or are you pregnant now?		
Do you have now or had breathing or lung problems?		
Do you have muscle, joint, back disorders, or any previous injury still affecting you, or that could be made worse by a change in your physical activity?		

**SOURCE:** American Council on Exercise & The Cooper Institute of Aerobics Research

Do you have now or ever had Diabetes or a Thyroid condition?		
Did you ever or do you now smoke cigarettes?		
Were you ever or are you now considered overweight (20% over ideal body weight)?		
Do you have now or ever had increased blood cholesterol?		
Do you have now or ever had a Hernia or other condition aggravated by lifting weights?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you know of <i>any other reason</i> why you should not do physical activity?		

I (full name) \_\_\_\_\_, listed on reverse side, know of no medical or any other reason why I should not participate in this physical assessment or exercise program. I have not withheld any medical or other pertinent information concerning my physical condition or abilities and agree to abide by all rules and directions provided by the instructor.

I hereby give informed consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of exercise tests and participating in a variety of physical activities. The purpose of the testing is to evaluate the participant's overall physical fitness level. All exercise testing and physical activity sessions will be supervised and monitored by trained fitness instructors. These activities may include, but are not limited to, walking, running, weight training, and calisthenic exercises performed in either field or gymnasium settings.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat related illness, abnormal heart beats, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes were to occur, the staff will take appropriate action, including administering CPR and first aid, and contacting emergency medical personnel. I further understand that the staff may refer me to a physician prior to any further participation in physical fitness testing or training.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is my responsibility to provide accurate and complete medical/health history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

