



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Name of Program Participant: _____

Name of individual filling out this form _____

Participants Information Address: _____

Please read the following questions carefully and check (X) the appropriate answer. Answer all questions honestly and to the best of your ability.

YES / NO

- ____ 1. Has your doctor ever said that you have a heart condition (had a stroke, heart attack, or heart surgery) and/or that you should only do physical activity recommended by a doctor?
- ____ 2. Do you feel pain in your chest when you do physical activity?
- ____ 3. In the past month, have you had chest pain when you were not doing physical activity?
- ____ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- ____ 5. Is your doctor currently prescribing medication for your blood pressure or heart condition?
- ____ 6. Any medical implants (i.e., VNS or pacemaker)?
- ____ 7. Is there a heart-rate range that is recommended or discouraged?
- ____ 8. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?
- ____ 9. Do you have a diagnosed illness that could be made worse by physical activity?
- ____ 10. Any chronic illness or condition (including diabetes or thyroid)
- ____ 11. Difficulty or limitations (knee, hip, neck, back, foot problems, shoulder, etc.)
- ____ 12. Recent surgery (last 12 months)
- ____ 13. Current or recent pregnancy in the last six months
- ____ 14. History of breathing or lung problems
- ____ 15. Fainting, lightheadedness, blackouts, seizure, or epilepsy
- ____ 16. Muscle, joint, or back disorder, or any previous injury still affecting you
- ____ 17. Are there any movements or exercises recommended or discouraged by your doctor(s)?
- ____ 18. Do you need medical clearance before you can begin an exercise program?
- ____ 19. Do you know of any other reason why you should not do physical activity?

If you answered “**yes**” to any of the questions above, please provide details.



By signing up for classes or events, the participant/guardian grants Strong Poss-Abilities, Inc., permission to use his/her likeness in a photograph and/or video in any and all publications and materials without payment or consideration made to them. The participant/guardian realizes these photos and/or videos become the property of Strong Poss-Abilities, Inc., and will not be returned. The participant/guardian authorizes Strong Poss-Abilities, Inc., to use, edit, copy, publish or exhibit any photo or video for any lawful purpose. The attendee waives the right to review any photo or video or to obtain royalties from the photo or video.

Please Note: Photos and videos will be taken throughout the day and some photographs/videos will be posted on our website, social media, and newsletter. Please let the staff of Strong Poss-Abilities, Inc., know if you do not wish to have your picture/video made public.

Printed Name of Participant or Guardian

Date

Signature of Participant or Guardian

Date

By signing the form below, the client certifies that they have completed this form to the best of their ability and knowledge and agree to inform the physical therapist if any of the above information changes at any time.

Printed Name of Participant or Guardian

Date

Signature of Participant or Guardian

Date