

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical exercise in your life.

The PAR-Q is designed to help identify the small number of adults for whom physical activity (in a non-rehabilitative and/or a non-special assisted facility) might be inappropriate for those individuals who seek medical advice concerning the type of physical activity best suited for them.

Common sense is your best guide for answering these few questions. Please read them carefully and YES or NO as they apply to you. If yes, please explain.

YES NO

- ___ ___ 1. Has your doctor ever said you have heart trouble?
Yes, _____
- ___ ___ 2. Do you frequently have pains in your heart or chest?
Yes, _____
- ___ ___ 3. Do you often feel faint or have spells of severe dizziness?
Yes, _____
- ___ ___ 4. Has a doctor ever said your blood pressure was too high?
Yes, _____
- ___ ___ 5. Has a doctor ever told you that you have a bone or joint problems such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
Yes, _____
- ___ ___ 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
Yes, _____
- ___ ___ 7. Are you over the age of 60 and not accustomed to vigorous exercise?
Yes, _____
- ___ ___ 8. Do you suffer from any problems of the lower back, i.e. chronic pain, or numbness?
Yes, _____
- ___ ___ 9. Are you currently taking any medications that may affect your exercise program? If YES, please specify.
Yes, _____
- ___ ___ 10. Do you have any special needs that require assistance while working out? If YES, please specify the condition.
Yes, _____

If you answered YES to one or more questions:

Written permission is required from a physician before you can participate in an exercise program and/or fitness evaluation testing at Tompkins Cortland Community College.

Physician Clearance Forms may be faxed to: (607) 844-6536 (Please attention to the: *FSA Fitness Center*)

If you answered NO to all the questions:

It is reasonable to participate in various forms of exercise and/or fitness evaluation programs. However, one should be aware of the potential risk of abnormal responses to exercise.

Signature

____/____/____
Date