

PAR – Q FORM

If you are planning to take part in physical activity or an exercise class, start by answering the questions below. If you are between the ages of 18 and 60 the questionnaire will tell you if you must consult with your doctor for medical clearance before you start. If you are over 60 years of age you will need to present written medical clearance to take part in the fitness center activity or exercise classes. **All information will be treated confidentiality.**

Answer YES or NO:

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? Y___ N___
2. Do you ever feel pain in your chest when you do physical activity? Y___ N___
3. Have you ever had chest pain when you were not doing physical activity? Y___ N___
4. Do you ever feel faint or have spells of dizziness? Y___ N___
5. Do you have a joint problem that could be made worse by exercise? Y___ N___
6. Have you ever been told that you have high blood pressure? Y___ N___
7. Are you currently taking any medication of which the Wellness Center Staff should be made aware?
Y___ N___ 7a. If yes, what? _____
8. Are you pregnant or have you had a baby in the last six months? Y___ N___
9. Is there any other reason why you should not participate in physical activity? Y___ N___
If yes, What? _____

If you have answered 'YES' to one or more questions:

You must get your doctor's medical clearance before you start becoming more physically active and before you have a fitness assessment. You will be required to present written clearance from your physician that you are capable of being in an exercise program. Please take this questionnaire to your doctor to discuss. Talk with your doctor about the kind of activity you wish to participate in and follow his/her advice.

If you have answered 'NO' to all questions:

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise program. ***Remember - begin slowly and build up gradually.*** Should you experience any of the conditions above, STOP EXERCISING IMMEDIATELY and see your doctor.

Please note:

If your health changes so that you subsequently answer yes to any of the above questions, you must cease participation in CMC Wellness Center activities and inform your health care provider immediately. You will be required to get written medical clearance from your physician. Ask your health care provider whether you should change your physical activity or exercise plan. Delay becoming more active if you feel unwell because of a temporary illness such as cold or flu - wait until you are better.

NOTE: You are required to present written medical clearance post injury, surgery, or leave of absence before to resuming Wellness Center activities.

My signature indicates that I have voluntarily presented myself to the CMC Wellness Center; I have read, understood and completed this form. All questions have been answered to the best of my knowledge. Signature _____ Date _____

First Name (print) _____ Last Name (print) _____
Date of Birth _____ Phone Number _____, _____
Emergency Contact (print) _____ Phone _____