

## **Your Contact Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

## **Emergency Contact Information**

1. **Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

3. **Phone:** \_\_\_\_\_

**Physical Activity Readiness Questionnaire (PAR-Q)**

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

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain. Use back of page for detailed explanations.

**YES**    **NO**

- \_\_\_\_    \_\_\_\_    1. Has your doctor ever said you have heart trouble?  
Yes, \_\_\_\_\_
- \_\_\_\_    \_\_\_\_    2. Do you frequently have pains in your heart and 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 your doctor ever told you that you have a bone or joint problem(s),  
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 age 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? If YES, please specify.  
Yes, \_\_\_\_\_
- \_\_\_\_    \_\_\_\_    10. Do you currently have a disability or a communicable disease? If YES,  
Please specify,  
Yes, \_\_\_\_\_

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, please contact your Primary Care Physician to determine whether participating in BACK IN FORM Wellness-Getaways is right for you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name