

# Physical Activity Readiness Questionnaire (PAR-Q)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone # (Day): \_\_\_\_\_ Email: \_\_\_\_\_

Phone# (Night): \_\_\_\_\_

- 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. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?
- \_\_\_ \_\_\_ 6. Do you have a diagnosed illness that could be made worse by physical activity?
- \_\_\_ \_\_\_ 7. Is your doctor currently prescribing medication for your blood pressure or heart condition?
- \_\_\_ \_\_\_ 8. Are you pregnant?
- \_\_\_ \_\_\_ 9. Do you know of any other reason why you should not do physical activity?

Please circle appropriately: Male 45 or older Female 55 or older N/A

## Fitness Participation Agreement

I have voluntarily chosen to participate in fitness activities offered by the office of Campus Recreation at Nova Southeastern University. I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no known conditions that would prevent me from participation. I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation at any time. Furthermore, I agree to self-determine my exertion through good judgement and to discontinue any activity that exceeds my personal limitations. I understand that by signing this agreement that I hereby waive and release Nova Southeastern University, its president, Board of Trustees, staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation. I affirm that I have read and understand this document and I wish to participate in fitness activities.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date