



Physical Activity Readiness

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those individuals who should seek medical attention prior to beginning a physical fitness program.

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Date ____/____/____ Email _____

Last Name _____ First Name _____

Full Address _____

Phone _____ BIRTHDATE _____ HEIGHT _____

WEIGHT _____ GENDER _____ EMPLOYMENT _____

T-shirt Size: (please circle one) Small Med Large XL 2XL

- | | YES | NO |
|---|-------|-------|
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity that is recommended by them? | _____ | _____ |
| 2. Do you feel pain in your chest when you do physical activity? | _____ | _____ |
| 3. In the past month, have you had ANY chest pain? | _____ | _____ |
| 4. Do you lose your balance because of dizziness? Do you ever lose consciousness? | _____ | _____ |
| 5. Do you have a bone or joint problem that can be made worse by changes in physical activity? | _____ | _____ |
| 6. Is your doctor currently prescribing drugs for high blood pressure or other heart conditions? | _____ | _____ |
| 7. Is there any other reason why you should not do physical activity? | _____ | _____ |

Please list your desired fitness goals:

I Would Like to :

Desired Weight: _____

Increase Muscle Tone _____

Desired Waist Size: _____

Lose Body Fat _____

Increase Stamina _____

Committed to exercise _____ day per week.

Improve Overall Health _____