

Exercise & Movement Class Registration



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 the 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.

Trust your instinct when responding to these questions. Please read carefully and tick NO or YES for each question.

	NO	YES
1. Has a doctor ever said that you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you developed chest pain within the past month?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you tend to lose consciousness, often feel faint or fall over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your doctor ever said your blood pressure was too high?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you over the age of 65 and not accustomed to vigorous exercise?	<input type="checkbox"/>	<input type="checkbox"/>

Waiver

I understand that exercise is not without varying degrees of risk and certify that I have no known medical conditions that would increase my risk of illness or injury. The undersigned hereby assumes any risk with participation in any exercise classes held by Sanctuary Sanitarium.

Participants Name: _____ Signature: _____ Date: _____

*Thomas, Reading, and Shepard, "Revision of the Physical Activity Readiness Questionnaire", Canadian Journal of Sport Science, 1992, 17:338-345