

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly : Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can :

- start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.



DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; or
- if you are or may be pregnant - talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer "YES" to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Signature: _____

Identity Document No.: _____

Name: _____

Date: _____

Signature of Parent or Guardian: _____

Witness: _____

(for participants under the age of majority)

Note: 1.The information provided on this form will only be used for the application for use of Leisure and Cultural Services Department's Fitness Rooms and enrolment of recreation and sports activities. For correction of or access to personal data collected by means of this form, please contact staff of the enrollment counter/district.

2.If you answer "yes" to one or more questions in the "PAR-Q & YOU", your physical condition may not be suitable for taking part in the activity concerned. For safety's sake, you should consult a doctor in advance and produce a medical certificate upon enrolment or hire of fitness equipment to prove that you are physically fit for taking part in the activity. If you fail to produce a medical certificate, you must submit the completed Declaration upon enrolment or hire of fitness equipment.

This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Applicants aged 70 or above must sign the following declaration

Declaration (Please mark a “✓” in one of the following boxes)

I hereby declare that:

- 1. I am a frequent participant in fitness activities and am capable of participating in this fitness activity. Therefore, I do not need to produce any medical certificate to prove that I am able to participate in this activity. The Leisure and Cultural Services Department shall not be liable for any injury or death I may suffer in this activity. I understand that if I have any doubts about my ability, I should consult a doctor before taking part in the activity.

- 2. I am not a frequent participant in fitness activities. However, I have been examined by a doctor and certified as physically fit for participating in this activity. A copy of the medical certificate is attached for reference.

Signature of Applicant : _____

Name of Applicant (Block Letters) : _____

Date : _____