

# ClubWorx

## Physical Activity Readiness Questionnaire (PAR-Q)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Join Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email address \_\_\_\_\_

Your health and safety is our primary concern. So that your first experience exercising at ClubWorx is a good one, we ask you to please fill this form out honestly and to the best of your knowledge. The information that you provide will help us determine if you are physically ready to begin an exercise program or if you need to seek advice from your physician before you begin. Please check any of the following statements that apply to you.

### HISTORY

*I have had:*

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty
- pacemaker
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease
- rhythm disturbance

### SYMPTOMS

*I frequently experience:*

- pain/discomfort in chest, neck, jaw or arms
- shortness of breath at rest or with mild exertion
- dizziness or fainting
- ankle swelling
- heart palpitations/racing heart
- leg cramps that begin and end suddenly
- known heart murmurs
- unusual fatigue or shortness of breath with usual activities

### BLOOD PRESSURE

- I have high blood pressure and am **on medication.**
- I have high blood pressure and am **not on medication.**

***If you checked any of the history, symptoms or blood pressure statements in the above section, we request that you ask your physician for written clearance.***

### RISK FACTORS

- I am an INACTIVE\* male 45 years of age or older
- I am an INACTIVE\* female 55 years of age or older
- There is history of heart disease in my immediate family° (Male-younger than 55. Female-younger than 65) °parents, brothers or sisters
- I currently smoke.
- I have been diagnosed with high cholesterol.
- I have diabetes and am insulin-dependent.
- I have diabetes and am non-insulin dependent
- I have a bone or joint problem such as arthritis that may be aggravated or made worse by exercise.

\*INACTIVE – defined by the combination of sedentary jobs involving sitting for a large part of the day and/or no regular exercise or active recreational pursuits.

***If you checked 2 or more statements in this section, consult your physician before engaging in exercise.***

### INJURIES

*In the past year I have injured:*

<input type="checkbox"/> Back	<input type="checkbox"/> Neck	<input type="checkbox"/> Hip	<input type="checkbox"/> Elbow
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Knee	<input type="checkbox"/> Ankle	<input type="checkbox"/> Wrist

Please explain: \_\_\_\_\_

*Recommendation:*

- We recommend that this member obtain physician's clearance because of the circumstances noted above.
- Based on the information provided by the member, he/she should be able to exercise safely without consulting a physician.

Advisor \_\_\_\_\_

PAAF Needed?    YES    NO  
 \_\_\_\_\_ Fitness Assessment declined  
 \_\_\_\_\_ To Be Scheduled Later

**CLUB YOUR  
WORX**  
for better  
HEALTH