PAR-Q

Pre Activity Readiness Questionnaire

Date: _____

Name: _____ Guardian Name: _____ Age & Gender : _____

CNIC: _____ Occupation: _____ Contact: _____

Address: _____

MEDICAL PROFILE

1. Have you ever been told by doctor that you have heart disease? ☐
2. Do you frequently suffer from chest pain on rest or on exertion? ☐
3. Do you have shortness of breath on exertion? ☐
4. Do you often feel faint or have dizzy spells? ☐
5. Have you ever been told by doctor that you have high blood pressure? ☐
6. Have you ever been told by doctor that you have a joint problem? ☐
7. Do you have any of following medical conditions:

☐ Asthma ☐ Epilepsy ☐ Back Pain ☐ Muscle Problems ☐ Diabetes

8. Do you take any medication for any chronic disease? ☐
9. Are you a smoker? ☐
10. Do you use any assistive device (e.g., Pacemaker, inhaler)? ☐
11. Do you have any significant past surgical history? ☐

If you answered yes to any of the above medical questions or have any other injury / concern regarding exercise program, please provide details: _____

CONSENT:

I, the undersigned, affirm that the information provided above is accurate to best of my knowledge. I understand that it is my responsibility to consult with physician prior to participating in any exercise program.

Name: _____ Date: _____ Signature :_____

☐ Fit for Exercise

☐ Referred to Physician

Instructor:_____

Doctor's Note: _____

Doctor's sign: _____