



Pre-Activity Screening and Health Questionnaire

Name: _____ Date: _____

I. Physical Activity Readiness Questionnaire (PAR-Q)	Yes	No
Has your doctor ever said that you have a heart condition and that you should only perform physical activities recommended by a doctor?		
Do you feel pain in your chest when you perform physical activities ?		
In the past month, have you had chest pain when you were not performing any physical activities?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activities?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you know of <u>any</u> other reason why you should not engage in physical activities?		

II. Health History Questions	Yes	No
Have you ever experienced a stroke?		
Do you have diabetes? If yes, are you currently taking any medications or receiving other treatment related to the diabetes? _____		
Do you have asthma or another respiratory condition that causes difficulty with breathing? If yes, please describe. _____		
Do you have any orthopedic conditions that would restrict you in performing physical activity? If yes, please describe. _____		
Have you ever been told by a physician that you have one of the following? (Circle if so) High Blood Pressure Elevated Blood Lipids, Cholesterol		
Do you currently smoke?		
Have you experienced within the past 6 months back pain or discomfort that prevented you from carrying out normal daily activities?		
Are you pregnant?		
Do you currently exercise less than one hour per week? If you answered no, please describe your activities: _____		
Are you currently taking any medications that might impact your ability to safely perform physical activity?		

(OVER)

III. Activity Release Agreement

I am voluntarily participating in an athletic or physical activity with Power-Up Health, Fitness, and Performance Training with full knowledge and understanding and appreciation of the risks of injury inherent in any physical exercise, massage or therapy program, physical activity, or athletic activity and expressly assume all risks of injury and even death, which could occur by reason of my participation. I release Power-Up from any liability and agree not to sue Power-Up with respect to any cause of action for bodily injury, property damage, or death occurring to me as a result of my participation in the activity.

I understand that all personal property brought to Power-Up is brought at my sole risk as to its theft, damage, or loss.

Signature

Date

Witness Signature

Date

Medical Fitness Professional to Complete

Is Medical Release Required Yes No

If yes, was Medical Release provided Yes No