

BE FIT FIT
Health History / Physical Activity Readiness Questionnaire (PAR-Q)

Name _____ Date _____

DOB _____

Street address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Gender (circle one) M F

Guest of _____

Health Insurance Provider and number

Emergency Contact and Phone

How did you hear about us? _____

Are you interested in joining a fitness program? _____

Please answer all the following questions to the best of your ability and knowledge.

Has a physician ever told you that you have heart trouble? Y ___ N ___

Do you frequently have pains in your heart and chest area? Y ___ N ___

Do you often feel faint or have spells of severe dizziness? Y ___ N ___

Has a physician ever told you that your high blood pressure was too high? Y ___ N ___

Has a physician ever told you that you have a bone or joint problem such as arthritis that has been aggravated or might be made worse by exercise? Y ___ N ___

Do you have a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Y ___ N ___

Are you over the age of 65 and not accustomed to vigorous exercises? Y ___ N ___

On a scale of 1 to 10 (1 being the least motivated, 10 the most), how motivated are you to start your training program now? _____

Section 1

Have you ever had any of the following?

Heart attack or heart failure? Y ___ N ___
Heart Surgery Y ___ N ___
Metabolic diseases? Y ___ N ___
A pacemaker or other heart device? Y ___ N ___
A heart valve or congenital heart disease? Y ___ N ___
Pulmonary disease? Y ___ N ___
A Stroke Y ___ N ___
Coronary Artery Disease? Y ___ N ___
If you are a woman, are you pregnant? Y ___ N ___
Musculoskeletal or nerve problems? Y ___ N ___

Section 2

Have you ever experienced any of the following?

Pain in your chest, neck or jaw? Y ___ N ___
Shortness of breath with mild exertion? Y ___ N ___
Palpitations, tachycardia, or irregular heart beat? Y ___ N ___
Orthopnea or Paroxysmal Nocturnal Dyspnea Y ___ N ___
Intermittent claudication or thrombosis? Y ___ N ___
Ankle swelling? Y ___ N ___
Heart murmur? Y ___ N ___
Dizziness? Y ___ N ___

Section 3

Indicate if you have had any of the following or if any apply to you:

You are a male older than 45 years of age. Y ___ N ___
You are woman over 55 years of age or have had a hysterectomy or are postmenopausal. Y ___ N ___
You smoke or have quit smoking in the last 6 months. Y ___ N ___
You have blood pressure greater than 140/90. Y ___ N ___
You are physically inactive or get less than 30 minutes of physical activity on 3 days per week or less. Y ___ N ___
You have total cholesterol greater than 200 mg/dL. Y ___ N ___
You have a close male blood relative who had a heart attack before age 55 or a close female relative who had a heart attack before age 65. Y ___ N ___
You have diabetes or take medication to control blood sugar. Y ___ N ___
Take prescription medication. Y ___ N ___
You are more than 20 pounds overweight. Y ___ N ___

Signature

Date

Staff use

___ Clear to Exercise

___ Not Cleared to Exercise. If not, why? _____

Staff Signature _____ Date _____