

MEDICAL SCREENING

Physical Activity Readiness Questionnaire (PAR-Q)

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"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you ever faint or do you lose your balance because of dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <i>any other reason</i> why you should not do physical activity?

Although your participation is voluntary, in consideration of permitting you to participate in the program, you must sign your name in the space below, which will evidence and indicate that you agree to be bound by the following Release:

I hereby release and discharge the University of Manitoba, the Recreation Services, the Instructors or the Program (The University), from and for all and any actions, claims and demands by me and my Heirs, Executors, or Assigns, for, upon, or by reason of omission of the University in this Program. I also authorize the University to take photographs during Recreation Services activities, and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with Recreation Services.

Signature _____ Date _____

(of Participant or the Participant's legal guardian if under 18)