

CARETAKING PHYSICAL FITNESS TEST

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: Circle YES or NO

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| 1. | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | YES | NO |
| 2. | Do you feel pain in your chest when you do physical activity? | YES | NO |
| 3. | In the past month, have you had chest pain when you were not doing physical activity? | YES | NO |
| 4. | Do you lose your balance because of dizziness or do you ever lose consciousness? | YES | NO |
| 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity? | YES | NO |
| 6. | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | YES | NO |
| 7. | Do you know of any other reason why you should not do physical activity? | YES | NO |

If you answered YES to any of the above questions, you must obtain medical clearance from a physician before you may take the Caretaking Physical Fitness Test. Contact occupational.testing@umanitoba.ca for the Physician's Release Form.

Date	Name (print)	Signature

Emergency Contact:			
Last name	First name	Relationship	Phone

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