**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**

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

The CBSA PARE Medical Clearance form must also be completed by your physician and submitted with your forms to register for the PARE test. The form is available [HERE](https://uofmactiveliving.ca).

<table>
<thead>
<tr>
<th>Date</th>
<th>Name (print)</th>
<th>Signature</th>
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**Emergency Contact:**

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Relationship</th>
<th>Phone</th>
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Sept. 2020