

WINNIPEG POLICE SERVICE PHYSICAL ABILITIES TEST (WPS-PAT)

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 |

WPS-PAT Orientation: if you answered YES to any of the above questions, your doctor must complete the Physician's Release to participate in the active portions of the orientation.

WPS-PAT Test: both the PAR-Q and the Physician's Release must be completed to attempt the test.

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Date

Name (print)

Signature

Emergency Contact:

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Last name

First name

Relationship

Phone

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