

**CANADIAN FORCES FIRE MARSHALL'S FIREFIGHTER  
PRE-ENTRY FITNESS EVALUATION**

**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

- |    |                                                                                                                                  |     |    |
|----|----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 |

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Date Name (print) Signature

Emergency Contact:

Last name First name Relationship Phone

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