

**PARE  
(PHYSICAL ABILITIES REQUIREMENT 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

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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 |

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](#).

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Date Name (print) Signature

Emergency Contact:	
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Last name First name Relationship Phone

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