

occupational.testing@umanitoba.ca

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 |

Paramedic, Caretaking, Animal Services: If you answered YES to any of the above questions, you must obtain medical clearance to proceed with your test. Contact occupational.testing@umanitoba.ca for the Positive PAR-Q Release Form.

Firefighter, PARE, Vita Health: The Physician's Clearance/Medical Release Form is required, regardless of your PAR-Q answers. This form is available on our general testing website and within the appointment online registration details.

I'm taking the test for the following organization:

- Criti Care EMS
 MESC
 Shared Health
 WFPS: Paramedic
 UM Caretaking
 WFPS: Firefighter
 Brandon: Firefighter
 PARE
 Vita Health
 Other: _____

Date	Name (print)	Signature

Emergency Contact:				
	Last name	First name	Relationship	Phone

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