



# Physical Activity Readiness Questionnaire

<b>Name:</b>	<b>Contact number:</b>
<b>Emergency NAME:</b> <b>Contact number:</b>	

Common sense is your best guide for answering these questions.

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 (for example, back, knee or hip) that could be made worse by a change in 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	7. Do you know of any other reason why you should not do physical activity?	YES	NO
8	Do you or a member of your household have symptoms suggestive of COVID 19 (including persistent cough, fever or shortness of breath)?	YES	NO
9	Do you or a member of your household have symptoms after being in contact with someone with a confirmed case of Covid-19?	YES	NO

<b>Signature:</b>	<b>Date:</b>
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**IF YES, ATTENDANCE TO CLASS CANNOT PROCEED**

**PLEASE SCAN THE QR CODE**

**PAR-Q 2021**