YES to 1 or more Questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want, as long as you start slowly and gradually build up. OR you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO to ALL Questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
- Start becoming much more physically active. Building slowly and gradually, as this is the safest way.
- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness levels so that you may plan the best way for you to lead an active life.
- It is also recommended that you have your blood pressure evaluated, before you start becoming more physically active.

DELAY BECOMING MUCH MORE ACTIVE IF:
- You are NOT feeling well due to a temporary illness.
- You may be pregnant-Talk to your doctor prior to physical activity.

PLEASE NOTE:
- If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. You may need to consider changing your physical activity plan and/or consult with your doctor.

Informed use of the PAR-Q: Project Wellbeing and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

NO CHANGES PERMITTED. YOU ARE ENCOURAGED TO PHOTOCOPY THE PAR-Q BUT ONLY IF YOU USE THE ENTIRE FORM.

NOTE: If the PAR-Q is being given to a person before he/she participates in physical activity or a fitness appraisal, this section may be used for legal or administrative purposes.

NAME: ___________________________________________ DATE: ____________________________
SIGNATURE: ___________________________________________ WITNESS: __________________________
SIGNATURE of GUARDIAN: ___________________________________________

NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes valid if your condition changes so that you would answer YES to any of the above questions.