



Division of Human Resources



Employee Health Promotion Program

Physical Activity Readiness Questionnaire (PAR-Q)

Being more active is very safe for most people. However, some people should check with their health care provider (HCP) before they start becoming more physically active. If you are between the ages of 15 and 69, the PAR-Q will determine if you should check with your doctor before you start. If you are over age 69 and have not been physically active, check with your HCP before starting an exercise regimen.

Please read carefully and check all that apply to you:

- I have a heart condition and should only do physical activity recommended by a health care provider.
- I feel pain in my chest when I do physical activity.
- In the past month, I had chest pain when not doing physical activity.
- I lose my balance because of dizziness or lose consciousness.
- I have a bone or joint problem that could be made worse by a change in physical activity.
- I have been prescribed medications (for example, water pills) for blood pressure or heart condition.
- I have other reasons why I should not exercise. _____

If you checked ONE or more of the above statements:

1. Ask the Employee Health Promotion Program (EHPP) for a medical release form.
2. Fax or take the medical release form to your HCP for his/her medical recommendation and/or restrictions.
3. Talk with your HCP about the kinds of activities you wish to participate in and follow his/her advice. You may be able to do any activity you want, as long as you start slowly and build up gradually.
4. Fax or bring the completed medical release form back to EHPP.

If you did not check any of the above statements:

1. You may participate in Recreational Services and/or EHPP physical activity programs. This includes a fitness assessment, which can help you determine your current fitness level and provide a foundation for exercise prescription.

If you are or may become pregnant - Talk with your HCP and delay becoming more active

NOTE: If your health changes and one of the above statements applies to you, tell your fitness or health care provider. Ask whether you should change your physical activity plan.

Informed use of this PAR-Q: Recreational Services and/or Employee Health Promotion Program assumes no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your Health Care Provider prior to physical activity.

I have read, understood, and completed this questionnaire. Any questions I had were answered in full to my satisfaction.

Participant Signature:

Name (Please Print):

Date:

Telephone:

Email:
