

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

BODY IN BALANCE PERFORMANCE ENHANCEMENT CENTER

1. Has your doctor ever said you have a heart condition and recommended only medically supervised physical activity? yes no
2. Do you have chest pain brought on by physical activity? yes no
3. Have you developed chest pain within the last month? yes no
4. Do you tend to lose consciousness or fall over as a result of dizziness? yes no
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? yes no
6. Has a doctor ever recommended medication for your blood pressure or a heart condition? yes no
7. Are you aware through your own experience or a doctor's advice, of any other physical reason against you exercising without medical supervision? yes no

If you answered yes to any of the questions above, rigorous exercise or exercise testing should be postponed until medical clearance is received by a physician.

I _____, understand that the Surgeon Generals' Report on Physical Activity and Health recommends that previously inactive men over the age of 40 and women over the age of 50, and people at high risk for cardiovascular disease should first consult a physician before embarking on a program of vigorous physical activity to which they are unaccustomed.

I _____, certify that the medical information provided in this document is true to my knowledge and that I have no other medical condition/s which remain undisclosed.

Signature: _____ Date: _____

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