

Renue Health Physical Readiness Questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

Your Renue Heath Elite Health Evaluation includes a Diagnostic Fitness Assessment. Full disclosure of any contraindications to exercise on this form will ensure that your Diagnostic Assessment is appropriately gauged to your fitness level, allowing the design of a corresponding Exercise Routine as part of your Renue Health Program. Please complete this form as accurately and completely as possibly.

Please Check:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you are not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you had a stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have a bone or joint problem (for example, back, neck, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have asthma or exercise induced asthma? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have any physical/mental limitations that must be addressed when performing exercise or when developing and exercise program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you know any other reason why you should not do physical activity? |

If you answered "YES" to and of the questions above, please explain:

Informed use of the PAR-Q: Renue Health Medial Institute assumes no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes. **This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

"I understand my signature signifies that I have read and understand all the information on the questionnaire, that I have truthfully answered all questions, and that any questions/concerns I have had have been addressed to my complete satisfaction."

NAME (please print): _____ DATE: _____

SIGNATURE: _____ WITNESS: _____