

Participation Information Sheet & Physical Activity Readiness Questionnaire (PAR-Q)



Name: _____

Training Background (sport and experience): _____

Are you currently training? **Y** or **N** (please circle). If yes, what training and where?

Sport _____

Goals _____

Short Term _____

Long Term _____

Medical History

Physician: _____ Phone: _____

1. Present state of health? Excellent Good Fair Poor (please circle)

2. Have you suffered any major injuries? **Y** or **N** If yes, how long ago? _____

Nature of injury: _____

Present Limitations _____

3. Within the last five years have you been treated by a physician or health professional for a medical illness or condition? (i.e. asthma, high blood pressure, diabetes, etc) **Y** or **N**

Nature of illness or condition: _____

Present Limitations _____

4. In the last 6 months have you used any prescription drugs or nutritional supplements? **Y** or **N**

Type of drug or supplement _____

Reason for taking medication/supplement _____

5. Have you undergone any surgery? **Y** or **N** _____

How long ago? _____

Nature of the surgery _____

Present Limitations _____

6. Do you have any other medical condition not asked in this questionnaire that may be relevant to training? **Y** or **N** _____

Physical Activity Readiness Questionnaire (PAR-Q)

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 that could be made worse in your 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. Do you know of any other reason why you should not do physical activity? **YES/NO**

NOTE:

1. If you have temporary illness, such as fever or cold, or are not feeling well at this time, you may wish to postpone the proposed activity.
2. If your health changes so that you then answer YES to any of the above questions, please let us know. Ask whether you should change your physical activity plan.

I have read, understood and completed this questionnaire.

SIGNATURE _____ **DATE** _____

SIGNATURE OF PARENT/GUARDIAN (for participants under the age of majority)

_____ **DATE** _____

_____ **DATE** _____

Informed use of the PAR-Q: Beyond The Next Level Inc. Its officers, directors, employees and their agents assume no liability for persons who undertake physical activity, and recommend that you consult your doctor prior to training at BTNL if medical conditions persist.