

Coach Brad Mitchell
 1819 West Jefferson St.
 Boise, ID 83702
 (208)720-3759
 b.welldaily@gmail.com



PAR-Q *Physical Activity Readiness Questionnaire*

NAME	DATE
DOB	PHONE

If you're aged 15-69, the PAR-Q will tell you if you should check with your Doctor before significantly changing your physical activity patterns. If you're over 69 years and aren't used to being very active, check with your doctor. Please read each question carefully and answer honestly.

	Yes	No
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor		
Do you feel pain in your chest when you do physical activity?		
In the past month have you experienced chest pain during physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have bone or joint problems that could be made worse by a change in your physical activity?		
Are you currently on any prescribed medication or consistently using over the counter medication?		
Do you know of any other reason you should not take part in physical activity?		
If yes to any of the above questions, please comment:		

If you answered **YES** to one or more questions: Obtain physician's clearance before proceeding.

If you answered **NO** to all of the above questions: It is reasonably safe to participate in physical activity.

I have read, understood and accurately completed the PAR-Q. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: _____ Date: _____

Print Name: _____