RISE TO EXERCISE

Movement = Life = Movement

PAR-Q Health Questionnaire (Fillable)

Answer all questions. If you answer 'Yes' to one or more questions, consult a doctor before beginning intensive exercise.

1. Has your doctor ever said that you have a heart problem? Yes ☐ No ☐

2. Do you experience chest pain during physical activity? Yes ☐ No ☐

3. Have you experienced chest pain during the past month? Yes ☐ No ☐

4. Do you lose your balance because of dizziness or loss of consciousness? Yes ☐ No ☐

5. Do you have a bone or joint problem that could be made worse by physical activity? Yes ☐ No ☐

6. Do you take medication for blood pressure or a heart condition? Yes ☐ No ☐

7. Is there any other reason why you should not exercise? Yes ☐ No ☐

Participant details

Name _____ Date _____

Signature (type name) _____