



I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: 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.



North Vancouver Recreation Commission

Facilities

**Harry Jerome RecCentre
Karen Magnussen RecCentre
Ron Andrews RecCentre
William Griffin RecCentre
John Braithwaite Community
Centre
Parkgate Community Centre**

Phone: 604.987.PLAY (7529)



Pre-appointment Client Package



The purpose of this package is to ensure that you are able to participate during your appointment and if necessary to provide you with an opportunity to see your doctor for a medical clearance before your appointment.

Time to 'get started'

Phone: 604.987-PLAY (7529)

Please read through, fill out and sign the Physical Activity Readiness Questionnaire (PAR-Q)



Medical Clearance is required if:

- You are younger than 15yrs.
- Older than 69yrs.
- May have medical conditions such as high blood pressure, heart condition, or diabetes.
- Bone or joint problems such as arthritis.

PLEASE SEE YOUR HEALTHCARE PROVIDER FOR A WRITTEN MEDICAL CLEARANCE.

PLEASE BRING THIS PACKAGE WITH YOU TO YOUR APPOINTMENT.

Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

Please answer YES or NO to the following statements

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 were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

If you answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO honestly

To all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.