



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q) & HEALTH HISTORY FORM

For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify those small number of adults for whom physical activity might be inappropriate without a physician's clearance and guidance.

Please complete the following questions by marking your response and/or describing your situation. This information is confidential between you, your coach, and if necessary, the Wellness Coordinator and your physician.

1. Has your doctor ever said that you have heart trouble?  Yes  No  
If so, please describe: \_\_\_\_\_
2. Do you frequently suffer from pains in your chest?  Yes  No
3. Do you often feel faint or have dizzy spells?  Yes  No
4. Has your doctor said that your blood pressure is too high, or are you currently taking high blood pressure medication?  Yes  No
5. Are you diabetic?  Yes  No
6. Have you been diagnosed with prediabetes?  Yes  No
7. Do you have respiratory problems:  Yes  No  
If so, please describe: \_\_\_\_\_
8. Are you pregnant?  Yes  No
9. Are you over the age of 65 and not accustomed to exercise?  Yes  No
10. Do you currently smoke?  Yes  No  
If yes, how many cigarettes per day? \_\_\_\_\_  
If no, have you ever regularly smoked?  Yes  No
11. How would you rate your overall physical health?  Poor  Fair  Good  Excellent
12. Is there any reason not mentioned here that might limit your activity or be adversely affected by an exercise program? (Ex. Joint problems such as Arthritis)  Yes  No  
If so, please describe: \_\_\_\_\_
13. Please list any Medications you are currently taking:  
\_\_\_\_\_  
\_\_\_\_\_



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## **INFORMED CONSENT FOR EXERCISE PARTICIPATION**

I desire to engage voluntarily in the YMCA of Greater Waukesha County exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio-respiratory system and to thereby attempt to improve its function. The reaction of the cardio-respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain muscular strength and endurance, body composition, flexibility, and/or cardio-respiratory fitness. A specific exercise plan will be given to me, based on my needs and interests and my doctor's recommendations. All exercise programs include, warm-up, and cool-down. The programs may involve walking, jogging, swimming, cycling participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes or calisthenics, or strength training. All programs are designed to place a gradually increasing work load on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to commencement of any exercise program.

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to such claims that may result from my injury or death, accidental, or otherwise, during, or arising in any way from the exercise program.

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Print Name

Signature

Date

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Address

City, State

Phone Number