

Member Signature

Participation Activity Readiness Questionnaire (PARQ)

Date

RECREAT	TION			Today's Date: Trainer's Name: Preferred Pronouns			
Name (Last, First)		Preferred Pro				
Legal Sex Home Phone		Gender Identity		Campus ID	Birth Date (month/day/year)		
		Cell Phone	Email Address	ail Address			
this ques	tionnaire is a f		ng to increase the ar			risk of injury. Completion of Please read each question	
					YES	NO	
1.	1. Has your doctor ever said you have a heart condition						
2. Do you have pains in your heart or chest?							
3. Do you ever feel faint or have spells of severe dizziness?							
4.	4. Do you have high blood pressure?						
5.	5. Do you have orthopedic or joint problems that could be aggravated by exercise?						
6.	6. Are you 65 or over, and not accustomed to vigorous exercise?						
7.	7. Do you have diabetes?						
8.	Are you taking medication that might alter your response to exercise?						
9.	Is there a physical reason why you should not follow an exercise program?						
10.	For women: A	are you pregnant?					
If you an program		o any of the question.	s 1-10, you MUST co	onsult a physician prior	to your fitnes	ss evaluation and fitness	

, certify that this information is complete and accurate to the best of my knowledge.