



# ***IN-SHAPE HEALTH CLUBS***

## **PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

In-Shape Health Clubs strongly recommends that all members and guests have a complete physical examination prior to using its facilities. This form is intended to assist you and your physician in assessing your physical readiness to commence an exercise program.

**Attn. Parents: If your child is under 18, we recommend you meet with your child's physician before he/she engages in any strenuous activities.**

**Please read these questions and check the appropriate box:**

YES    NO

- |     |     |  |
|-----|-----|--|
| ___ | ___ | Do you have high cholesterol?  |
| ___ | ___ | Have you ever had a seizure or other neurological problem?                                       |
| ___ | ___ | Has your physician ever said you have heart trouble?   |
| ___ | ___ | Do you often feel faint or have spells of dizziness?   |
| ___ | ___ | Has a doctor ever said your blood pressure is high?  |
| ___ | ___ | Has your doctor ever told you that you have a serious bone or joint problem?                     |
| ___ | ___ | Have you ever been diagnosed as having diabetes?   |
| ___ | ___ | Do you have unusual shortness of breath with moderate activity?                                  |
| ___ | ___ | Is there any physical reason, not mentioned here, why you should not follow an activity program? |

**IF ANY OF ABOVE ANSWERS ARE CHECKED YES, IN-SHAPE STRONGLY RECOMMENDS THAT YOU OBTAIN ADVICE FROM YOUR PHYSICIAN BEFORE PARTICIPATING IN ANY EXERCISE.**

**If you answered "NO" to all questions, In-Shape still recommends that you consult with your physician prior to engaging in any physical conditions, exercise, fitness program, or strenuous activity.**