



TriSuccess
MULTISPORT COACHING

PAR-Q FORM

Name: _____ Phone: _____

Date of Birth: _____ Age: _____
Month / Day / Year

Is your doctor aware that you are beginning an exercise program? Yes ____ No ____

Do you have any muscular or skeletal injuries or limitations (present or past)? Yes ____ No ____
If yes, please explain:

Has your doctor ever said that you have a heart condition and you should only perform physical activity that is recommended by a doctor? Yes ____ No ____

Do you frequently have pains in your chest when you perform physical activities? Yes ____ No ____

In the past month, have you had chest pains when you were not doing any physical activity? Yes ____ No ____

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes ____ No ____

Do you have a bone or joint problem that could be made worse by a change in your physical activity?
Yes ____ No ____

Are you pregnant now or have you given birth within the last 6 months? Yes ____ No ____
If you are or may be pregnant, talk to your doctor before you start becoming more active.

Have you had surgery in the past 6 months? Yes ____ No ____

Are you currently taking any prescribed medication for blood pressure or heart condition or medication that may affect your ability to perform activity? Yes ____ No ____

Do you know of any reason why you should not do physical activity? Yes ____ No ____

If you answered YES to one or more questions, you must consult with your physician and receive medical clearance BEFORE beginning an exercise program or taking a fitness test.

I have read, understood and completed this questionnaire accurately and in full.

Signature of Participant: _____ **Date:** _____

Date & Signature of Parent / Guardian (required when participant is 16 years or younger):

Signature

Date