



**FITNESS**  
ON FIRE NORCAL

**Physical Activity Readiness Questionnaire (PAR-Q)**

**(check one) YES / NO**

- 1. Has a doctor ever said that you have a heart condition -----    
and that you should only do physical activity recommended by a Doctor?
- 2. Do you ever experience any chest pain as a result of physical activity? -----
- 3. Do you lose your balance because of dizziness or do you ever lose consciousness? -----
- 4. Do you take any medication for blood pressure or a heart condition? -----
- 5. Do you have a bone or joint problem that could be made worse by change in physical activity? \_\_\_\_\_
- 6. Have you ever had any surgery that might inhibit physical activity? -----
- 7. Do you have asthma? -----
- 8. Do you have any form of diabetes? -----
- 9. Do you know any other reason why you should not do physical activity? -----
- 10. Do you have any current or past injuries that require modifications to exercise? -----

Please note injury locations \_\_\_\_\_

**\*By signing your name below it notes that the information above is true and accurate and that you understand all of the questions that were asked.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Please print name)

**\*Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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