

Name _____

PAR - Q AND YOU

Regular physical activity is fun and healthy, and more and more people are starting to become more physically active every day. Being active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

If you are planning to become much more physically active than you are now, start by answering these seven questions in the box below.

Common sense is your best guide when you answer these questions. **Please read the question carefully and answer each one honestly.**

Circle **Yes** or **No**.

Yes	No	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
Yes	No	2. Do you feel pain in your chest when you do physical activity?
Yes	No	3. In the past month, have you had chest pain when you were not involved in physical activity?
Yes	No	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
Yes	No	5. Do you have bone or joint problems that could become worse by a change in your current physical activity?
Yes	No	6. Is your doctor currently prescribing drugs (example; water pills, etc.) for your blood pressure or heart condition?
Yes	No	7. Do you know of any other reasons why you should not partake in physical activities?

→ If you answered YES to one or more questions, you must receive your doctor's approval before beginning an exercise program.

Signature: _____

Medical Clearance

I authorize the below named physician to release information necessary to the development of my fitness program to the Rappahannock Area YMCA.

Name of Patient: _____

Date of Birth: _____ Today's Date: _____

Signature: _____

Physician's Approval:
 I give medical approval to the person named above to participate in the fitness assessment and **land-based exercise program** which will include progressive exercises (aerobic, anaerobic, flexibility, and resistance training) for conditioning the body. I certify that the person whose name is listed above, appears to have no reason why a progressive exercise program should not be undertaken with the recommendations I have indicated below.
 Comments and/or Medications: _____

 Physician's Name: _____
 Physician's Signature: _____
 Phone: _____ Fax: _____
 Date: _____

Please return by Fax to: YMCA at (540) 775-1844

YMCA Trainer's Name: _____