



Aquatic & Fitness Center
PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

LAST NAME: _____ **FIRST NAME:** _____

PHONE NUMBER: _____ **AGE:** _____ **M** _____ **F** _____ **Today's DATE** _____

YES NO

_____ 1. Have you or anyone in your immediate family ever been diagnosed with a heart attack, had coronary bypass surgery or died suddenly?
If Yes, Who _____ Age _____ Date _____

_____ 2. Do you ever feel faint or have spells of dizziness?

_____ 3. Has your doctor ever told you that your cholesterol level was too high or above 200? If yes, what was it? HDL _____ LDL _____

_____ 4. What is your Blood Pressure _____? Are you on BP medication _____?

_____ 5. Is there a history of high blood pressure in your family?

_____ 6. Do you smoke? Quit? _____ When? _____

_____ 7. Do you have a bone or joint problem, (such as osteoporosis or arthritis)
If yes, What _____?

_____ 8. Is there any reason, not already mentioned, that may limit your ability to exercise? Check all that apply and explain

____ Pregnancy ____ Neck Problems ____ Seizures ____ Recent Surgery

____ Back Problems ____ Disk Problems ____ Heart Murmur ____ Asthma

____ Respiratory Disease ____ Other Explain _____

_____ 9. Are you a diabetic? If yes, are you on medication? _____

_____ 10. Please list any medications you are currently taking. _____

_____ 11. Current rate of physical activity? Minimal Moderate Heavy

_____ 12. I have contacted my physician and he/she has recommended to me that I begin an exercise program.

Trainer use only: ____ Physicians referral NOT issued ____ Physicians referral issued ____ Referral Received

Member Signature: _____ **Date:** _____

Trainer Signature: _____ **Date:** _____

SAFETY PRECAUTIONS AND CONSIDERATIONS

1. Thoroughly check the equipment you are about to use (i.e. pins are secure, chains or pulleys are not broken).
2. While performing resistance exercises, EXHALE ON THE EFFORT. Holding your breath is not recommended.
3. Always adhere to proper lifting form. The recommended techniques for most resistance exercises are:
 - Keeping the back flat while lifting.
 - Lifting with the legs not the back.
 - Keeping the knees slightly bent during upper body movements.
 - Avoid twisting, struggling or straining.
 - Movements should be slow and controlled, not ballistic.
4. Always request assistance from the Fitness Staff before attempting an exercise that you are unfamiliar with.
5. Be aware of those training near you to avoid accidents or injury.
6. Always warm up and cool down. Cold and stiff muscles are prone to injury. Also, performing relatively intense aerobic exercises such as running, without first doing some form of light or moderate activity such as slow walking, places undue stress on the heart and cardiovascular system.
7. Your resistance training program should emphasize a balance of all the major muscle groups.

I realize that there is an inherent risk by using physical conditioning equipment.

I have read and understand the safety precautions and considerations listed above. I realize that there is an inherent risk of injury by using physical conditioning equipment. I also do understand that fitness testing is recommended by the American College of Sports Medicine (A.C.S.M.) for all participants to a new exercise program.

SIGNED _____ *TODAY'S DATE* _____

Consent to Exercise Testing

Testing Objectives: *I understand that the tests that are about to be administered to me are for the purpose of determining my physical fitness status, including cardiorespiratory function, body composition, and flexibility.*

Potential Risks: *I understand that there exists the possibility that certain abnormal changes may occur during this testing. These changes could include various muscle and joint strains or injuries, abnormal heart beats, abnormal blood pressure response, and, in rare instances, heart attack. Although performed at a sub-maximal level of exertion, the step test could be fatiguing and could cause muscle soreness. Professional care throughout the entire testing process should provide appropriate precaution against such problems.*

Expected Benefits: *I understand that the results of these tests will aid in determining my physical fitness status. These results will facilitate the development of an individualized exercise program.*

I have read and understand the foregoing information. Questions concerning the procedures have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the evaluation process, or to withdraw consent and discontinue participating at any time in any procedure. I understand that the information derived from these tests is confidential and cannot be released without my consent.

Member Signature _____ **Date:** _____

Trainer Signature _____ **Date:** _____

For the Evaluations listed below, only (1) test at each step is required

1) Resting Heart Rate: _____

2) Blood Pressure: _____ / _____

3) Height: _____ Weight: _____

4) Circumferences (inches): Chest: _____

Waist: _____ Hip: _____ Thigh: _____ W/H Ratio: _____

4) Skin Fold Calipers Site #1 : ___Arms___ Amount: _____

Site # 2: ___Legs___ Amount: _____

Site #3: ___Thigh___ Amount: _____

Total % of Body Fat (check binder to calculate)

4) Biometric Impedance Reading: Fat % _____ BMI _____

5) Tug Test Completed (Y/N) _____ Time _____

5) 3 Min Step Test Completed: (Y / N) Heart Rate = _____

5) 6 Min Walk Test: Distance Completed _____

5) 8 Min Treadmill Protocol: Speed _____ Completed _____ Heart Rate _____

6) Sit & Reach (inches) Left: _____ Right: _____

6) Apley Scratch Test: Left (Y / N) Right (Y / N)

6) Senior Sit & Reach

Optional: VO2 Max _____