

Kettlebells NY

Physical Activity Readiness Questionnaire (PAR-Q)



(The PAR-Q is for People Aged 18-69)

Regular physical activity is fun and healthy and increasingly more people are becoming more active every day. Being more active is safe for most people. However, some people should check with their doctor before participating in a group fitness class.

If you wish to join a fitness class, start by answering the seven questions in the box below. If you are between 18 and 69, the PAR-Q will tell you if you need to check with your doctor before starting to participate in a fitness class. If you are 70 years of age or older, you will need to receive clearance from your physician to participate in fitness classes

Please read the questions carefully and answer each one honestly: YES or NO.

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1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
 2. Do you feel pain in your chest when you do physical activity?
 3. In the past month, have you had chest pain when you were not doing physical activity?
 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
 5. Do you have a bone or joint problem (e.g. back, knee, or hip) that could be made worse by a change in your physical activity?
 6. Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?
 7. Do you know of any other reason why you should not do physical activity?
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If you answered YES to one or more questions:

- Talk with your doctor in order to be cleared for participation in kettlebell fitness classes or instruction.
- Tell your doctor about the PAR-Q and about the questions to which you answered YES.
- Share the form on the reverse side of this sheet with your doctor in order to obtain his/her clearance to participate in the classes.
- Talk with your doctor about the activities that you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active – begin slowly/build gradually. This is the safest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

Note: If your health changes so that you then answer YES to any of the above questions, please consult with your doctor for a physical evaluation and request another PAR-Q form your CKT Trainer

Name _____ Date of Birth _____

Signature _____ Today's Date _____

Physician's Clearance Form

On the Physical Activity Readiness Questionnaire you just completed, you either indicated that you were at least 70 years old or you identified that you have one or more medical risk factors, which may impair your ability to exercise safely. Therefore, you must have a physician complete and return this medical clearance form before you can begin/continue exercising in group or personal fitness classes.

We recognize that you are eager to participate in a fitness program, and we regret any inconvenience that this screening process may cause you. However, please keep in mind that we want your exercise experience to be as safe as possible. For this reason, we have implemented this policy of requiring physician's clearance that follows the current standards of the American College of Sports Medicine.

To Be Completed By Program Participant:

I hereby give my physician permission to release any pertinent medical information from any medical records to **Howard Brewer, Kettlebells NY**. All information will be kept confidential.

Patient's signature _____ Date _____

Information requested for _____

Reason for requesting medical clearance: **participation in kettlebells fitness class.**

Physician's name _____ Phone # _____

Fax # _____ Address _____

For Physician Use Only:

Please check one of the following statements:

I concur with my patient's participation with no restrictions.

I concur with my patient's participation in an exercise program if he/she restricts activities to: _____

I do not concur with my patient's participation in an exercise program
Reason: _____

Physician's name _____

Physician's signature _____ Date _____