



**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