

Name:

Date:

PAR-Q FORM

	YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	_____	_____
Do you frequently have pains in your chest when you perform physical activity?	_____	_____
Have you had chest pain when you were not doing physical activity?	_____	_____
Do you lose your balance due to dizziness or do you ever lose consciousness?	_____	_____
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?	_____	_____
Are you pregnant now or have given birth within the last 6 months?	_____	_____
Have you had a recent surgery?	_____	_____

If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can become more physically active and take part in a fitness appraisal/training.

If you are or may be pregnant--talk with your doctor before you start becoming more active.

If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plans.



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If you answered YES to one or more questions You will need to complete the medical authorization form BEFORE you meet with a trainer or become more physically active. Tell your doctor about the PAR-Q and which questions you answered YES to.

NOTE: You may be able to do any activity you want--as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those, which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication and it's use? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred:

Broken bones _____

Muscles strain/sprain _____

Ligament, tendon, cartilage injury _____

Joint injury or chronic pain _____

Back injury or chronic pain _____

Other _____

Are you currently being treated for any of the above injuries? Please specify type of treatment.

At this present time, do you have any health conditions or injuries that would affect or limit your training?



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