Upper Valley Medical Center
Premier Health Partners

Center for Sports Medicine
Hyatt Center
450 N. Hyatt St.
Tipp City, Ohio 45371
UVMC.com

Physical Activity Readiness Questionnaire (PAR-Q)

Participant's Name _____ Date _____

The PAR-Q is designed to help you assess your level of readiness for physical activity.
Please read the following questions carefully and check the appropriate box with your answer.

YES	NO	
❑	❑	Has your doctor ever said you had heart trouble?
❑	❑	Do you frequently have pains in your heart and chest?
❑	❑	Do you often feel faint or have spells of severe dizziness?
❑	❑	Has your doctor ever said your blood pressure was too high?
❑	❑	Has your doctor ever told you that you have a bone or joint problem that might be aggravated with exercise?
❑	❑	Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
❑	❑	Do you have asthma?

If you answered NO to all the questions you have reasonable assurance of you stability to begin an exercise program.

_____ _____
Participant's Signature Date

If you answered YES to one or more questions, we encourage you to consult with your physician before beginning an exercise activity.

I wish to begin participation immediately and understand that all physical activity and use of the facility shall be undertaken by me at my sole risk.

_____ _____
Participant's Signature Date

Liability Release

I recognize the risks of injury or illness in any exercise program, and am participating in the UVMC exercise program, upon the understanding that I am waiving and releasing the above-named establishment from any claims, costs, or liabilities that might arise out of my participating in their program and any illness or injury resulting therefrom.

_____ _____
Participant's Signature Date

_____ _____
Signature of Parent or Guardian Date
(if participant is a minor)