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## Physical Activity Readiness Questionnaire

Please read the 7 questions below carefully: check YES or NO	YES	NO
1. Has your doctor ever said that you have a heart condition <input type="checkbox"/> <b>OR</b> high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest at rest, during your daily activities of living, <b>OR</b> when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you lose balance because of dizziness <b>OR</b> have you lost consciousness in the last 12 months? Please answer <b>NO</b> if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? <b>PLEASE LIST CONDITION(S) HERE:</b> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking prescribed medications for a chronic medical condition? <b>PLEASE LIST CONDITION(S) and MEDICATIONS HERE:</b> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer <b>NO</b> if you had a problem in the past, but it <b>does not limit your current ability</b> to be physically active. <b>Please list conditions(s) here:</b> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your doctor every said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

I, the undersigned, have read, understood to my full satisfaction, and completed this questionnaire. I acknowledge that this clearance is valid for 12 months from the date completed. I also acknowledge that a copy of this form is retained in my medical record.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_