

**PRE-ACTIVITY READINESS QUESTIONNAIRE
 (PARQ)**

Name: (First) _____ (Last) _____ (MI) _____
 Preferred Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 Email: _____ Emergency Phone: _____
 Date of Birth: _____ Gender: [M] [F] Emergency Contact Name: _____

Please circle your preferred method(s) of contact?	E-mail	Telephone	Letter in the mail
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Regular physical activity is fun and healthy! Every day more people are increasing their level of activity. Being more active is very safe for most individuals, however some individuals should consult with their doctor before starting an exercise program. This questionnaire is designed to help us identify the small number of adults for whom physical activity may be inappropriate or those who should have medical clearance or advice concerning the type of activity most suitable for them.

1 **Measure blood pressure.** Obtain a print out of your BP reading from the machine in our lobby and bring to the Fitness Front Desk. Requests for manual Blood Pressure measurements can be accommodated. Please let us know and a Fitness Specialist can take your blood pressure measurement.

Attach BP slip here or
 Fitness Specialist enter measurement:

Resting BP: _____

Staff initials: _____

Date: _____

2 **Please read the questions carefully and answer each one honestly.** A "YES" answer to *any* question indicates an exercise health risk and will require a medical clearance *prior* to participation in HealthWorks' Fitness Program. We can assist in faxing a request to your doctor, but written response from your doctor is still required *before* utilizing the facility.

***YES NO** * Even if you answer "no" to all questions, you may still be required to obtain a medical clearance.

_____ **Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**

_____ **Do you feel pain in your chest when you do physical activity?**

_____ **In the past month, have you had chest pain when you were not doing physical activity?**

_____ **Do you lose your balance because of dizziness or do you ever lose consciousness?**

_____ **Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?***

_____ **Are you a Diabetic? If so, please specify? [] Type I [] Type II**

_____ **Do you have High Cholesterol? Are you on medication for this? [] Yes [] No**

_____ **Do you know of any other reason why you should not do physical activity? If yes, please list: _____**

3 **Staff Use Only. Medical Clearance Required: [Y] [N] [N/A] Date Med Consent Received: _____**

By signing below, I acknowledge and understand the following statements: there is an inherent risk of physical harm associated with participating in a fitness program and related use of exercise equipment; it is my responsibility before participating in the HealthWorks Fitness Program to inform my personal physician of my intentions so that my physician can determine if participation is appropriate; the HealthWorks Fitness Program is not a medical program and will not correct any pre-existing medical conditions, nor will it serve as a medical assessment or referral service for any condition that may arise while participating in the HealthWorks Fitness Program; Should I want physical therapy treatment or advice, I will register at the Therapy front desk as a patient of HealthWorks Rehab & Fitness. In the event I do not know the proper operation of any item of exercise equipment utilized in the fitness program that I should seek consultation with a member of the HealthWorks staff before using the equipment. I understand that it is my responsibility to promptly report any broken or malfunctioning equipment in the facility to a member of the staff; While exercising, there is a possibility that any of the following may occur: changes in blood pressure, heart rhythm changes, fainting, and in rare instance... heart attack, stroke, or even death.

I agree to release and hold harmless Morgantown Physical Therapy Associates, Inc., d.b.a. HealthWorks Rehab & Fitness, its affiliated entities, their respective employees, agents, directors, and officers, from and against any and all liability, costs, and damages arising from my participation in the HealthWorks Fitness Program. I have read and will abide by the Fitness Program Rules and Regulations and agree to have my photo taken and posted on my account for security reasons. I certify that, to the best of my knowledge, I have not withheld any pertinent information relating to my personal health or physical conditioning. I understand that HealthWorks reserves the right to terminate my membership if any of these policies are violated.

My signature below indicates that I have received a copy of the Fitness Program Rules & Regulations and fully understand and agree to comply with the terms of membership.

Participant Signature / Date (Parent/Legal Guardian if under 18)

Fitness Staff Signature / Date