

Body Basics Boot Camps



PHYSICAL ACTIVITY READINESS

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those individuals who should seek medical attentions prior to beginning a physical fitness program.

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

LAST NAME _____ FIRST NAME _____

START DATE _____ BIRTH DATE ____/____/____ EMAIL _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

HOME PHONE _____ CELL PHONE _____

AGE _____ HEIGHT _____ WEIGHT _____ GENDER _____

IN CASE OF EMERGENCY PLEASE NOTIFY: _____ PHONE: _____

- | | YES | NO |
|--|-------|-------|
| 1. Do you have high cholesterol? | _____ | _____ |
| 2. Has your doctor ever said that you have heart trouble? | _____ | _____ |
| 3. Has your doctor ever told you that you have a bone or joint problem (such as arthritis) that has been or may be exacerbated by physical activity? | _____ | _____ |
| 4. Has your doctor ever told you that your blood pressure was too high? | _____ | _____ |
| 5. Are you over 65 years of age and not accustomed to vigorous exercise? | _____ | _____ |
| 6. Is there any reason, not mentioned thus far, that would not allow you to participate in a physical fitness program? | _____ | _____ |

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INITIAL _____

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The following information will be treated as privileged information:

	YES	NO									
1. Do you ever feel weak, fatigued, or sluggish?	_____	_____									
2. How many meals do you eat each day? _____											
4. Do you eat breakfast?	_____	_____									
6. Do you crave sugary foods?	_____	_____									
7. Do you need several cups of coffee to keep you going throughout the day?	_____	_____									
8. Do you often experience digestive difficulties?	_____	_____									
10. How long have you been exercising? _____											
12. Are you happy with the way you look and your health? _____	_____	_____									
13. On a scale of 1 to 10, how serious are you about achieving your goals?											
Least	1	2	3	4	5	6	7	8	9	10	Most

Please list your desired fitness goals:

Desired Weight: _____

Desired Waist Size: _____

I plan to exercise _____ times a week

I would like to:

Increase Muscle Tone _____

Lose Body Fat _____

Increase Stamina _____

Improve Overall Health _____