

HEALTH HISTORY QUESTIONNAIRE

You need **physician approval** before participating in a Fitness Assessment if you:

- Answer yes to one or more questions on the PAR-Q
- Have any conditions prohibitive to fitness testing or exercise

P E R S O N A L	Name _____	Date _____	
	Address _____		
	City _____	State _____	Zip _____
	Home Phone _____	Work Phone _____	E-mail _____
	Date of Birth _____	Sex _____	Weight _____ Height _____

PAST HISTORY

Check if you've had . . .

- | | |
|---|-------------------------------------|
| M | ___ heart murmur |
| E | ___ high blood pressure |
| D | ___ disease of arteries |
| I | ___ high cholesterol |
| C | ___ heart attack |
| A | ___ chest pain |
| L | ___ stroke |
| H | ___ cancer |
| I | ___ lung disease |
| S | ___ epilepsy |
| T | ___ diabetes mellitus |
| O | ___ operations |
| R | ___ varicose veins |
| Y | ___ injuries to back, knees, ankles |
| | ___ other |

FAMILY HISTORY

Including parents, grand parents, siblings

- | |
|------------------------------|
| ___ heart attacks |
| ___ high blood pressure |
| ___ heart operations |
| ___ congenital heart disease |
| ___ cancer |
| ___ diabetes mellitus |
| ___ other major illnesses |

PRESENT SYMPTOMS

Do you experience . . .

- | |
|-------------------------|
| ___ chest pains |
| ___ heart palpitations |
| ___ cancer |
| ___ shortness of breath |
| ___ back pain |
| ___ arthritis |
| ___ swollen legs |
| ___ injuries |
| ___ osteoporosis |
| ___ high blood pressure |

Explain each item checked: _____

PRESENT MEDICATIONS: _____

In case of emergency, please contact:

Name _____ Phone _____

Signature _____



PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

SECTION 1 - GENERAL HEALTH

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition OR high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO 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)?	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it <u>does not limit your current ability</u> to be physically active. For example, knee, ankle, shoulder or other.	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 **If you answered NO to all of the questions above, you are cleared for physical activity. Go to Section 3 to sign the form. You do not need to complete Section 2.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow Canada's Physical Activity Guidelines for your age (www.csep.ca/guidelines).
-  You may take part in a health and fitness appraisal.
-  If you have any further questions, contact a qualified exercise professional such as a CSEP Certified Exercise Physiologist® (CSEP-CEP) or a CSEP Certified Personal Trainer® (CSEP-CPT).
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.

 **If you answered YES to one or more of the questions above, please GO TO SECTION 2.**

 **Delay becoming more active if:**

-  You are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ before becoming more physically active OR
-  Your health changes - please answer the questions on Section 2 of this document and/or talk to your doctor or qualified exercise professional (CSEP-CEP or CSEP-CPT) before continuing with any physical activity programme.

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SECTION 2 - CHRONIC MEDICAL CONDITIONS

1. Do you have Arthritis, Osteoporosis, or Back Problems?

YES If yes, answer questions 1a-1c **NO** If no, go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES** **NO**
-
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? **YES** **NO**
-
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? **YES** **NO**

2. Do you have Cancer of any kind?

YES If yes, answer questions 2a-2b **NO** If no, go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck? **YES** **NO**
-
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? **YES** **NO**

3. Do you have Heart Disease or Cardiovascular Disease? *This includes Coronary Artery Disease, High Blood Pressure, Heart Failure, Diagnosed Abnormality of Heart Rhythm*

YES If yes, answer questions 3a-3e **NO** If no, go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES** **NO**
-
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) **YES** **NO**
-
- 3c. Do you have chronic heart failure? **YES** **NO**
-
- 3d. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) **YES** **NO**
-
- 3e. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? **YES** **NO**

4. Do you have any Metabolic Conditions? *This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes*

YES If yes, answer questions 4a-4c **NO** If no, go to question 5

- 4a. Is your blood sugar often above 13.0 mmol/L? (Answer **YES** if you are not sure) **YES** **NO**
-
- 4b. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, and the sensation in your toes and feet? **YES** **NO**
-
- 4c. Do you have other metabolic conditions (such as thyroid disorders, pregnancy-related diabetes, chronic kidney disease, liver problems)? **YES** **NO**

5. Do you have any Mental Health Problems or Learning Difficulties? *This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome*

YES If yes, answer questions 5a-5b **NO** If no, go to question 6

- 5a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES** **NO**
-
- 5b. Do you also have back problems affecting nerves or muscles? **YES** **NO**

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6. Do you have a Respiratory Disease? *This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure*

YES If yes, answer questions 6a-6d **NO** If no, go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES** **NO**

6b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? **YES** **NO**

6c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? **YES** **NO**

6d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? **YES** **NO**

7. Do you have a Spinal Cord Injury? *This includes Tetraplegia and Paraplegia*

YES If yes, answer questions 7a-7c **NO** If no, go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES** **NO**

7b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? **YES** **NO**

7c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? **YES** **NO**

8. Have you had a Stroke? *This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event*

YES If yes, answer questions 8a-c **NO** If no, go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) **YES** **NO**

8b. Do you have any impairment in walking or mobility? **YES** **NO**

8c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? **YES** **NO**

9. Do you have any other medical condition not listed above or do you live with two chronic conditions?

YES If yes, answer questions 9a-c **NO** If no, read the advice on page 4

9a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? **YES** **NO**

9b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? **YES** **NO**

9c. Do you currently live with two chronic conditions? **YES** **NO**

Please proceed to Page 4 for recommendations for your current medical condition and sign this document.

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If you answered **NO** to all of the follow-up questions about your medical condition, you are ready to become more physically active:

-  It is advised that you consult a qualified exercise professional (e.g., a CSEP-CEP or CSEP-CPT) to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20-60 min of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.

If you answered **YES** to one or more of the follow-up questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. It is recommended strongly that you complete the specially designed online screening and exercise recommendations program (i.e., the ePARmed-X+; www.eparmedx.com) and/or visit a qualified exercise professional (CSEP-CEP) for further information.

Delay becoming more active if:

-  You are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ before becoming more physically active OR
-  Your health changes - please talk to your doctor or qualified exercise professional (CSEP-CEP) before continuing with any physical activity programme.

SECTION 3 - DECLARATION

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The PAR-Q+ Collaboration, the Canadian Society for Exercise Physiology, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.
- Please read and sign the declaration below:

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness centre, health care provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that they maintain the privacy of the information and do not misuse or wrongfully disclose such information.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact



The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or BC Ministry of Health Services.

Citation for PAR-Q+

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Key References

1. Jamnik VJ, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-s298, 2011.



PERSONAL TRAINING - RELEASE AND INDEMNIFICATION FORM

We strongly recommend that all participants in our personal training program consult their physician prior to participation.

In consideration of the acceptance of my participation in the Foothills Park & Recreation Districts Personal Training Program, I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assignees, do hereby waive, release, and forever discharge Foothills Park & Recreation District ("District"), its agents, contractors, employees, representatives, successors, and assignees, from all liabilities, actions, claims, demand, damages, costs, and expenses, which I may now or in the future have against them or any of them arising out of or in any way connected with my participation in the program, including but not limited to all injuries that may be suffered by me. I understand that this waiver includes, but is not limited to any claims that are based on negligence or other action or inaction of the above named parties. In further consideration of the acceptance of my entry, the undersigned indemnifies and holds harmless Foothills Park & Recreation District, its officers, directors, agents, and employees against all liabilities, claims, damages, and expenses of every kind and nature which grow out of or are in any way connected with the conduct or organization of this program.

1. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I agree to expressly assume and accept any and all risks of injury or death.

2. I do further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and machinery. I do acknowledge that I have been informed of the desirability for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to my physical activity, exercise, and use of exercise and training equipment so I might have his/her recommendations concerning these fitness activities and equipment use. I affirm that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician; and I assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Participants Name _____

Signature _____

Date _____



Personal Trainer/Client Agreement
Foothills Park & Recreation District Cancellation Policy

I (client) promise to abide by the following:

- Willingly inform my personal trainer of health precautions.
- Notify my personal trainer of any medication changes.
- Give at least 24 hours notice in order to cancel my appointment (emergencies will be taken in consideration), otherwise I agree to make a full payment for the session.
- Follow the 15 minute rule: If I don't show up within 15 minutes of my scheduled appointment, it is considered a "no show" and I will be charged full payment.
- Personal training requires spotting techniques which may require physical contact. Your trainer will inform you as needed.

Client Signature

Date

Personal Trainer Signature

Date