

YEAH Program
Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults or children for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check YES or NO opposite the question if it applies to you. If yes, please explain.

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said your child has heart trouble?
Yes, _____ |
| _____ | _____ | 2. Does your child frequently have pains in his/her heart and chest?
Yes, _____ |
| _____ | _____ | 3. Does your child often feel faint or have spells of severe dizziness?
Yes, _____ |
| _____ | _____ | 4. Has a doctor ever said your child's blood pressure was too high?
Yes, _____ |
| _____ | _____ | 5. Has your doctor ever told you that your child has a bone or joint problem(s), such as arthritis that may be aggravated by exercise, or might be made worse with exercise?
Yes, _____ |
| _____ | _____ | 6. Does your child suffer from any problems of the lower back, i.e., chronic pain, or numbness?
Yes, _____ |
| _____ | _____ | 7. Is your child currently taking any medications? If YES, please specify.
Yes, _____ |
| _____ | _____ | 8. Does your child currently have a disability or a communicable disease?
If YES, Please specify:
Yes, _____ |
| _____ | _____ | 9. Are you concerned about your child's general health?
(<i>eating, sleeping habits, teeth, skin, menstruation, weight, bowel/bladder, etc.</i>) |
| _____ | _____ | 10. Does your child have any allergies? If YES, please state what kind of allergies: |
| _____ | _____ | 11. Does this child has a health condition which may require care or emergency action while attending Y.E.A.H. program. Please specify (e.g., seizures, bee sting allergy, diabetes, etc.): _____

Recommendations: _____ |
| _____ | _____ | 12. Is there a good physical reason, not mentioned here, why your child should not follow an activity program even if you wanted them to?
Yes, _____ |

Does this child have any of the following which may significantly affect his/her educational experience:

- a. Vision problem-----YES NO
- b. Speech or language problem-----YES NO
- c. Other physical illness or impairment-----YES NO
- d. Mental, emotional or behavior problems-----YES NO
- e. Developmental delays-----YES NO

Comments and recommendations:

If you answered NO to all questions above, it gives a general indication that your child may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before your child participates in physical and aerobic fitness activities and/or fitness evaluation testing.

Child's Name: _____ Birth Date: _____

Last First Middle

Name of Parent/Guardian: _____ Relationship: _____

Home Address:

Street City State Zip Code

Home Telephone: _____

Parent/Guardian Signature:

Please Note: If you contract a communicable disease, it is your responsibility to inform the staff of the YEAH Program of this condition and you may not continue training until this condition is cured or in a state of remission.