

FedBoost, LLC

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Before participating in the physical fitness assessment, which consists of the maximum number of sit-ups you can complete in one minute, a 300-meter sprint, maximum number of push-ups you can complete, and a one-and-a-half mile run (with only a five-minute rest period between each event), please answer the following seven (7) questions to the best of your knowledge:

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? Yes No
2. Do you feel pain in your chest when you perform physical activity? Yes No
3. In the past month, have you had chest pain when you were not performing any physical activity? Yes No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? Yes No
7. Do you know of any other reason why you should not engage in physical activity? Yes No

*If you answered **YES** to one or more of the above questions, we cannot allow you to participate in the physical fitness assessment at this time. You should consult with your physician before engaging in physical activity. Tell your physician to which question(s) you answered **YES** and seek his/her advice on what type of physical activity is suitable for your current condition.*

Signature: _____

Date: _____

Printed name: _____

Age: _____