

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Becoming more active is very safe for *most* people. However, some people should check with their Doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, this questionnaire (the PAR-Q) will tell you if you should check with your Doctor before you start. If you are over 69 years of age and you are not used to being active, check with your Doctor.

Please read the questions carefully and answer each one honestly. Check the box indicating yes or no. Common sense is your best guide when you answer these questions.

Yes No

- 1. Has your Doctor ever said that you have a heart condition and that you should only do physical activity recommended by a Doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had pain in your chest while NOT doing physical activity?
- 4. Do you lose your balance due to dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your Doctor presently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know any other reason that you should not do physical activity?

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INFORMED CONSENT.....

General Statement of Program Objectives and Procedures

I understand that this physical fitness program may include exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility), and to improve body composition (decrease of body fat in individuals needing to loose fat, with an increase in muscle and bone). Exercise may include aerobic activities (treadmill walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics, and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

Description of Potential Risks

I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or during exercise, which may include abnormalities of blood pressure or heart rate, in effect of functioning of the heart, and in rare instances heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics, can lead to musculoskeletal strains, pain, and injury if adequate warm-up, gradual progression, and safety procedures are not followed. Safety procedures are listed on the wall of the facility. In addition, trained staff members will be supervising during all times to help ensure that these risks are minimized. The staff members are trained in CPR and first aid and regularly practice emergency procedures. Equipment is inspected and maintained on a regular basis.

Description of Potential Benefits

I understand that a program of regular exercise for the heart and lungs, muscles, and joints has many associated benefits. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in psychological function, and a decrease in risk of heart disease.

I have read the foregoing information and understand it. Any questions that may have occurred to me have been answered to my satisfaction. I understand that I am free to withdraw from this program without prejudice at any time I desire. I am also free to decline answering specific item or questions during interviews or when filling out questionnaires. The information that is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent. The information obtained, however, maybe used for statistical or scientific purpose with my right or privacy retained.

Signature / Date: _____