

JUST FIT STUDIO

Par Q Health Status Questionnaire

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 do physical activity?

Yes No

3) In the past month, have you had chest pain when you were not doing a physical exercise?

Yes No

4) Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No

5) So you lose your balance because of dizziness or do you ever lose consciousness?

Yes No

6) Is your doctor currently prescribing medications (for example, water pills) for your blood pressure or a heart condition?

Yes No

7) Do you know if any other reason why you should not participate in physical activity?

Yes No

I understand that the information I have provided above is for my own personal safety. I further acknowledge that all information provided is correct.

Signature: _____ Date: _____

Print Name: _____