

CITY OF TULSA

TULSA FIRE DEPARTMENT

Physical Activity Readiness Questionnaire (PAR-Q)

1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?	YES	NO
2. Do you have chest pain brought on by physical activity?	YES	NO
3. Have you developed chest pain within the last month?	YES	NO
4. Do you tend to lose consciousness, or fall, as a result of dizziness?	YES	NO
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	YES	NO
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?	YES	NO
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?	YES	NO

If you answered YES to any of these 7 questions, vigorous exercise and exercise testing should be postponed until medical clearance is obtained.

Question number 7 of the PAR-Q is an open-ended question which covers medical and physical problems which make further medical screening necessary. Many individuals may question whether certain conditions are important enough or severe enough to warrant seeing their doctor. The next table provides additional information, including an indication of signs and symptoms suggestive of underlying diseases, risk factors for heart disease which suggest the need for medical screening, and a list of conditions which may increase the risk of complications during exercise.

NAME (PRINT)

NAME (SIGNATURE)

SOCIAL SECURITY NUMBER

PHYSICAL TEST DATE

WRITTEN TEST DATE

TURN OVER

1. Major Signs or Symptoms Which Suggest Heart, Lung, or Metabolic Disease:

- | | | | |
|--|-----|----|----|
| • Pain, discomfort or numbness in the chest, arm, jaw, neck or back | YES | OR | NO |
| • Unaccustomed shortness of breath or shortness of breath with mild exertion | YES | OR | NO |
| • Difficult or painful breathing | YES | OR | NO |
| • Ankle swelling | YES | OR | NO |
| • Palpitations or racing heart rate | YES | OR | NO |
| • Leg pain | YES | OR | NO |
| • Known heart murmur | YES | OR | NO |

If you have any of these symptoms, vigorous exercise testing should be postponed until medical clearance is obtained.

2. Major Heart Disease Risk Factors:

- | | | | |
|---|-----|----|----|
| • Systolic blood pressure ≥ 160 or diastolic blood pressure ≥ 90 mmHg (measured on at least 2 separate occasions) | YES | OR | NO |
| • Serum cholesterol ≥ 240 mg/dl | YES | OR | NO |
| • Cigarette smoking | YES | OR | NO |
| • Family history of heart disease or stroke in parents or siblings prior to age 55 | YES | OR | NO |

If you have two or more of these risk factors, vigorous exercise or exercise testing should be postponed until medical clearance is obtained.

3. Diabetics who:

- | | | | |
|--|-----|----|----|
| • take insulin | YES | OR | NO |
| • have had diabetes for more than 15 years | YES | OR | NO |
| • who do not take insulin but are over 35 years of age | YES | OR | NO |

should get medical clearance prior to beginning an exercise program.

4. It is also recommended that men over the age of 40 and women over the age of 50 have a physical exam prior to beginning a vigorous exercise program. "Vigorous" means that the amount of exercise represents a challenge and will result in fatigue within 20 minutes. Healthy persons of any age can begin a low intensity exercise program without physician clearance, provided that the above conditions are adhered to.