



Convening Committee 14/15 Sheares Hall

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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Name of Participant: _____

NRIC No. / Passport No.: _____

Matriculation No.: _____

Date of Birth: _____

For most people, physical activity should not pose any problem or hazard. The Par-Q has been designed to identify the small number of adults 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 questions. Please read them carefully and check **YES** or **NO** opposite the question if it applies to you. If a question is answered with **YES**, ***please use the available space to answer and give additional details.***

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you feel pain in your chest when you do physical activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Do you know of any other reasons why you should not do physical activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Do you currently participate in any regular activity program designed to improve or maintain your physical fitness?
If yes, which activity program do you participate in? _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

9. Medical history _____

10. Any drug allergies? _____

11. Blood type _____

Additional information

Name of Next-of-kin: _____

Contact No. of Next-of Kin: _____

Signature

Date

Signature

Date

Signature

Date

Signature

Date

PAR-Q Forms are to be updated and acknowledged before every match. If there is a need to amend the details of the PAR-Q form, please fill in a new PAR-Q form.