



1st term, Academic Year 2025 – 2026

DATA COLLECTION

Name: Vincent C. Sola Date: November 17, 2025

Course & Section: BSIT-MI IT241 Class Schedule: 2:20-3:30

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	/	
2. Do you feel pain in your chest when you perform physical activity?	/	
3. In the past month, have you had chest pain when you were not performing any physical activity?	/	
4. Do you lose your balance because of 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 currently prescribing any medication for your blood pressure or for a heart condition?	/	
7. Do you know of any other reason why you should not engage in physical activity?		/

Note: If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.



MEDICAL QUESTIONNAIRE

Medical Questions: Yes or No

1. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)

-I have fragile right arm, it can dislocate when I use hard force.

2. Have you ever had any surgeries? (If yes, please explain.)

-NO

3. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)

-NO

4. Are you currently taking any medication? (If yes, please list.)

-NO

Note: You must use the entire questionnaire and NO changes are permitted. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All students who have completed the PAR-Q please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian, or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction, and completed this questionnaire. I acknowledge that this physical activity clearance is valid for this term from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

Name of student: VINCENT C.SOLA

Date: November 17, 2025

Signature of student:

Name of Parent/Guardian/ Care Provider: JOSENIA C. SOLA

Signature of Parent/Guardian/Care Provider: