

COLUMBIA athletic clubs

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE/ACTIVTRAX ADD. MEMBER

BASIC INFORMATION:

Mr. Ms. Mrs. Miss

First Name: _____ M.I.: _____ Last Name: _____ Age: _____

Home Phone: _____ Club Member: New Current

Email Address*: _____ *Providing an email address is optional. However, it is REQUIRED to receive your username and password.

ADDITIONAL INFORMATION:

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Mobile Phone: _____ Date of Birth (month/day/year): _____ / _____ / _____

Contact Pref: Home Work Mobile Email

Coach: _____ Club Membership #: _____

The member's coach may be assigned or changed during the evaluation.

QUESTIONNAIRE:

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.

1. Has your doctor ever said that you have a heart condition and should only do 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 physical activity? YES NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? YES NO
7. Do you know of any other reason why you should not do physical activity? YES NO

** If you answered yes to one or more of these questions, please contact your physician and have him/her sign a Physician Release Form.

Signature _____

Date _____