



Explosive Strength and Speed
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NAME: _____ DATE: _____
 HEIGHT: _____ in. WEIGHT: _____ lbs. AGE: _____ PHYSICIANS
 NAME: _____ PHONE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

| Questions | 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? | | |

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.

GENERAL & MEDICAL QUESTIONNAIRE

| Occupational Questions | Yes | No |
|---|-----|----|
| 1 What is your current occupation? _____ | | |
| 2 Does your occupation require extended periods of sitting? | | |
| 3 Does your occupation require extended periods of repetitive movements? (If yes, please explain.) _____ | | |
| 4 Does your occupation require you to wear shoes with a heel (dress shoes)? | | |
| 5 Does your occupation cause you anxiety (mental stress)? | | |
| Recreational Questions | Yes | No |
| 6 Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.) _____ _____ | | |



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|--------------------------|---|------------|-----------|
| 7 | Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.) _____ | | |
| Medical Questions | | Yes | No |
| 8 | Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.) _____ | | |
| 9 | Have you ever had any surgeries? (If yes, please explain.) _____ | | |
| 10 | 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.) _____ | | |
| 11 | Are you currently taking any medication? (If yes, please list.) _____ | | |