

ShandsFitness and Wellness Center

Modified Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ DOB: _____ Phone: _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Yes	No	Has your doctor ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	When you do physical activity, do you feel pain in your chest?
Yes	No	When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	Do you ever lose consciousness or do you lose balance because of dizziness?
Yes	No	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	Are you pregnant?
Yes	No	Do you have insulin dependent diabetes?
Yes	No	Are 69 years of age or older?
Yes	No	Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, you will need to obtain a physician referral BEFORE you become more physically active. Have your physician complete the referral located below.

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant signature: _____ Date: _____

Physician Use ONLY – please select one		
Yes	No	Cleared to participate in the Medical Fitness Program with no restrictions
Yes	No	Cleared to participate in the Medical Fitness Program with the following restrictions:
Yes	No	Not cleared to participate in the Medical Fitness Program
Physician Signature _____		Date _____

**PLEASE FAX FRONT &
BACK PAGE TO
(352) 265-9041
Attn: Nick Hauzer**

SHANDS TEACHING HOSPITAL AND CLINIC, INC.
UNCONDITIONAL RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Shands Teaching Hospital and Clinics, Inc. permits individuals to use exercise equipment located in the hospital for personal conditioning programs. This use of equipment and facilities is not work related and is purely for the benefit of the individual. Any employee using any Shands facilities or equipment for exercise is deemed to be participating during non-work hours and such activities are not work related. Participants must be aware that an exercise class, by its nature, is not without risk. Participants are advised to know in advance what to expect and to be informed of all possible risks.

CONTRACT, WAIVER, AND RELEASE & ACKNOWLEDGEMENT OF RISK

I, _____, hereby acknowledge that I am voluntarily participating in the use of Shands Hospital facilities and exercise equipment located in the hospital for personal conditioning programs. I understand this activity and all other hazards and exposures connected with this activity involve risk and that I am aware of the risk and danger inherent with those activities. I acknowledge that I and/or my family, including any minor children, are fully capable of participating in the activities and willingly assume the risks as my responsibility. These risks include loss of property, injury, or death caused by a variety of situations including: a) physical activities and exertion, b) slippery surfaces, e) exposure of the elements, f) miscellaneous accidents either on premises or off. I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof as a result of my negligence, the negligence of my family, and the negligence of Shands, are my responsibility. I acknowledge that participation is not a work related or employer sponsored or employer mandated activity and that any injuries will not be regarded as a worker's compensation claim. In consideration for being permitted to use Shand's facilities and equipment, I hereby release from any legal liability whatsoever Shands hospital and all of it's officers, agents, and employees for any injury, death or property loss to either myself or my family. I, for myself, my family, any heirs and executors, promise not to sue Shands. This is a release of liability. I have carefully read the above agreement and fully understand it. I am aware that I am releasing certain legal rights and I enter into this contract on behalf of myself, and/or my family, of my own free will.

Print Name	Age	Signature

Date	Phone	Address