GASTON COLLEGE

2021 PAR-Q+ Physical Activity Readiness Questionnaire for Everyone

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.

GENERAL HEALTH QUESTIONS

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 ❑ **OR** high blood pressure ❑?	❑	❑
2) Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity?	❑	❑
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer **NO** if your dizziness was associated with over-breathing (including during vigorous exercise.	❑	❑
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? **PLEASE LIST CONDITION(S) HERE:**_____	❑	❑
5) Are you currently taking prescribed medications for a chronic medical condition? **PLEASE LIST CONDITION(S) AND MEDICATION(S) HERE:**_____	❑	❑
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer **NO** if you had a problem in the past, but it **does not limit** your current ability to be physically active. **PLEASE LIST CONDITION(S) HERE:**_____	❑	❑
7) Has your doctor ever said that you should only do medically supervised physical activity?	❑	❑

☑ **If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete pages 2 and 3.**

- Start becoming much more physically active - start slowly and build up gradually.
- Follow Global Physical Activity Guidelines for your age (https://www.who.int/publications/i/item/9789240015128.)
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
  If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

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 a maximum of 12 months 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 its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME_____ DATE _____

SIGNATURE_____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER ____ _____

⬢ **If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

⚠ **Delay becoming more active if:**

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at 222. eparmedx.com before becoming more physically active.
- Your health changes - answer the questions on ages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

GASTON COLLEGE

2021 PAR-Q+
Follow-up Questions
About Your Medical Condition(s)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1cIf **NO** ❑, go to question 2.

1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)__ **YES** ❑ **NO** ❑

1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and /or spondylolisthesis/pars defect (a crack in the bony ring on the back of the spinal column)? _____ YES ❑ NO ❑

1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? _____ **YES** ❑ **NO** ❑

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b If **NO** ❑, go to question 3.

2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? _____ **YES** ❑ **NO** ❑

2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? _____ YES ❑ NO ❑

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm.

If the above condition(s) is/are present, answer questions 3a-3d If **NO** ❑, go to question 4.

3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.) _____ **YES** ❑ **NO** ❑

3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) _____ YES ❑ NO ❑

3c. Do you have chronic heart failure? _____ **YES** ❑ **NO** ❑

3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? _____ YES ❑ NO ❑

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b. If **NO** ❑, go to question 5.

4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.) _____ **YES** ❑ **NO** ❑

4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer YES if you d not know your resting blood pressure.) _____ YES ❑ NO ❑

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e. If **NO** ❑, go to question 6.

5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies?_____ **YES** ❑ **NO** ❑

5b Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness._____ YES ❑ NO ❑

5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease an/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet? _____ **YES** ❑ **NO** ❑

5d. Do you have any other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? _____ YES ❑ NO ❑

5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? _____ **YES** ❑ **NO** ❑

GASTON COLLEGE

2021 PAR-Q+ Follow-up Questions About Your Medical Condition(s)

6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimers, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b. If **NO** ❑, go to question 7.

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.) _____ **YES** ❑ **NO** ❑

6b. Do you have Down Syndrome AND back problems affecting nerves or muscles? _____ YES ❑ NO ❑

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d. If **NO** ❑, go to question 8.

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.) _____ **YES** ❑ **NO** ❑

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? _____ YES ❑ NO ❑

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing,labored breathing,consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? _____ **YES** ❑ **NO** ❑

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? _____ YES ❑ NO ❑

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c. If **NO** ❑, go to question 9.

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.) _____ **YES** ❑ **NO** ❑

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? _____ YES ❑ NO ❑

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (know as Autonomic Dysreflexia)? _____ **YES** ❑ **NO** ❑

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c. If **NO** ❑, go to question 10.

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.) _____ **YES** ❑ **NO** ❑

9b. Do you have any impairment in walking or mobility? _____ YES ❑ NO ❑

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? _____ **YES** ❑ **NO** ❑

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If the other medical conditions, answer questions 10a-10c. If **NO** ❑, read the Page 4 recommendations.

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months? _____ **YES** ❑ **NO** ❑

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? _____ YES ❑ NO ❑

10c. Do you currently live with two or more medical conditions? _____ **YES** ❑ **NO** ❑

PLEASE LIST YOUR MEDICAL CONDITIONS(S) AND ANY RELATED MEDICATIONS HERE: _____

_____

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

☑ **If you answered NO to all of the FOLLOW-UP questions (pages 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you are over the age of 45 and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

⬢ **If you answered YES to one or more of the follow-up questions about your medical condition:**

- You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the ePARmed-X+ at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

⚠ **Delay becoming more active if:**

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-x+ at **www.eparmedx.com** before becoming more physically active.
- Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the Par-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organization, and their agents assume no liability for persons who undertake physical activity and/or make sure of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons 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 a maximum of 12 months 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 its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME_____ DATE _____

SIGNATURE_____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact
www.eparmedx.com
Email: eparmedx@gmail.com

Citation for Par-Q+
Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the Par-Q+ Collaboration,. The Physical Activity Readiness Questionnaire for Everyone (Par-Q+) and Electronic Physical Activity Readiness Medical Examination (eParmed-X+), Health and Fitness Journal of Canada 4(2):3-23, 2011.

The Par-Q+ was created using the evidence-based AGREE process (1) by the Par-Q+ Collaboration chaired by Dr. Darren E.R. Warbuton with Dr. Norman Bledhill, Dr. Veronica Jamnik, and dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agendcy of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily repreesent the view of the Public Health Agency of Canada or the BC Ministry of Health Services.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1);S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document, APNM 36(S1);S266-s298, 2011.
3. Chisholm DM, Collins ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17;375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17;4 338-345.

The following policies and procedures are established so that everyone, including you, can have a safe and pleasant workout experience. No member may use the Health and Fitness Center until they have completely read, under-stand and sign the Facility policies and procedures form. A valid Gaston College ID is required to gain access to the facility. A Gaston College ID can be obtained from the Campus Police office.

INFORMED CONSENT

STUDENTS
All students MUST complete an Informed Consent form. It is the student's responsibility to submit this form to their instructor before they can begin a PED class. It is recommended that students complete the information form and return it to the instructor/attendant as soon as possible.

FACULTY & STAFF
All participants that want to use the Fitness Center Facilities MUST complete an Informed Consent form. It is the participant's responsibility to submit this form before they can begin using the facilities. It is recommended that participants complete the information form and return it to the Fitness Attendant as soon as possible.

ORIENTATION

Fitness Attendants can provide orientations on the proper use of each piece of equipment in the Fitness Center upon request.

ATTIRE and SHOES

- Proper workout attire (shorts, T-shirts, sweatpants, sweatshirts, swimwear) must be worn. Jeans or pants with buttons, hardware (zippers/rivets) and straps are not allowed.
- Attire must fit properly, and not be loose on the body.
- Proper closed-toed athletic footwear is required in the Fitness Room and the Movement Room. No bare feet, sandals, or open-toed shoes are allowed on the floor. (Bare feet are acceptable in Movement Room during Yoga classes).
- Shirts must be worn at all times in the Fitness & Movement Room. Full length sports bras are allowed for women.

CARDIO EQUIPMENT

- 30 minute time limit on cardiovascular equipment unless otherwise stated.
- Please make sure to apply sanitizer and wipe down equipment and machines after use.
- Please report malfunctioning equipment/machines to instructor/attendant.

FREE WEIGHTS

- Use weight collars and pins at all times for your safety and that of others.
- Return and rack all weights (plates, dumbbells, etc) after use.
- Do not drop the weights or lean them up against anything, and use extreme caution in mirrored areas.
- Please report malfunctioning equipment/machines to instructor/attendant.

GENERAL POLICIES

- Gaston College IDs must be presented each visit.
- The Gaston College Code of Conduct for students, faculty & staff must be followed at all times.
- No tobacco, smokeless or otherwise, allowed.
- No profanity or other abusive language.
- No gum/food or beverage but water in a plastic container.
- No children allowed.
- Do not bring in anything valuable (we are not responsible for any lost or stolen items).
- Report all injuries to instructor/attendant.
- Please be responsible and clean up after yourself.
- No long, dangling jewelry permitted.
- No loose, baggy clothes permitted.
- Noise levels are not to be such that they interfere with others around you. Use iPods, MP3 Players & radios respectively. No electronic devices in class.)
- Violators of these policies may be asked to permanently leave the facility!!

I have read the foregoing and I acknowledge my understanding of the policies and procedures set forth above. I knowingly agree to assume full responsibility and follow these policies and procedures set forth by Gaston College.

_____ _____

Date *Gaston College Representative*

_____ _____

Student/Participant (Print) *Student/Participant Signature*

Name:_____

In the case of an emergency I would like the emergency personnel to know the following:

I am **allergic** to:

1. _____
2. _____
3. _____

I am taking the following medication (include what you are taking it for):

1. _____
2. _____
3. _____

Emergency contact information:

Name _____ Relationship _____

Phone # _____ Alternate phone # _____

Email _____

Address _____

_____

Anything else the emergency personnel should know:

_____

_____

_____

_____

_____ _____

Date *Gaston College Representative*

_____ _____

Student/Participant (Print) *Student/Participant Signature*

☐ **Gaston College Student enrolled in course**_____

☐ **Faculty/Staff member**

This document supersedes all similar, yet previous, documents.

GASTON COLLEGE

David Belk Cannon Fitness Center
Informed Consent Form, Warning, Liability, Release and Acknoledgement and Assumption of Risks

Voluntary use of fitness facilities (including but not limited to equipment) and activity programs offered by Gaston College have been designed to provide participants with the optimum level of beneficial exercise and enjoyment. Inherent in any exercise program, however, is the risk of injury through improper use of equipment or imprudent exercise beyond your capability. Also, injury could occur due to conduct of others in any physical activity and equipment used or through your participation in activities and equipment use.

Additionally, it is recommended that you consult with your physician before engaging in any exercise program or other physical activity. Please be advised that we do not prescribe specific medical programs or treatments.

In consideration of the above factors, I, the undersigned participant, acknowledge

- That I am a Gaston College employee or student and understand that failure to provide accurate information may result in forfeiture of privileges and facility use;
- The existence and need for certain rules and procedures concerning the use of equipment, facilities, and activities in the fitness center and movement room. I agree to abide by those rules and procedures and shall make every effort to ensure that equipment and facilities are kept in a safe and usable condition;
- The existence of risk of injury or death connected with voluntary participation in exercise programs and activities. I agree to assume such risks, and agree to accept the responsibility for any injuries or death sustained by me in the course of using the facilities and/or equipment;
- I have completed, read, and understand the Physical Activity Readiness Questionnaire/PAR-Q and if I answered yes to any of the PAR-Q questions that I may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at Gaston College.

I have read the foregoing and I acknowledge my understanding of the risks set forth above. I knowingly agree to assume full responsibility for my safety and release Gaston College, its employees or agencies, from any liability from injury or death that may incur.

_____ _____

Date *Gaston College Representative*

_____ _____

Student/Participant (Print) *Student/Participant Signature*