



LEARN TO SWIM IN A ¼ OF THE TIME!

- *Innovative, One-Of-A-Kind Program
- *Private Learning Environment
- *Private and Small Group Lessons
- *Professional Coaches
- *Longer Lesson Duration

MEDICAL INFORMATION SHEET

Participant's Name _____ Birthdate _____ Age _____

Street Address _____ City _____ Postal Code _____

E-mail Address _____

Phone Number _____ Cell Number _____

EMERGENCY INFORMATION

In an emergency please contact the following:

Name _____ Home Phone () _____ Cell Phone () _____

Name _____ Home Phone () _____ Cell Phone () _____

Allergies _____

Medications _____

Other Medical Information _____

Special Conditions (learning disabilities, physical disabilities) _____

Family Doctor _____ Home () _____ Bus Phone () _____

Dentist _____ Home () _____ Bus Phone () _____

B.C Care Card # _____

Health History: Please check any conditions your trainer needs to be aware of:

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Past/Recent Surgery |
| <input type="checkbox"/> Joint Problems/Arthritis | <input type="checkbox"/> Low Back Pain/Sciatica | <input type="checkbox"/> Repetitive Strain/Injury |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Stress Anxiety |
| <input type="checkbox"/> Upper Back? Neck Pain | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> other | <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Medications taken, if any: | | |

Healthy Living Objectives: What is your fitness Wish List? What are you most interested in achieving? Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Decrease Body Fat | <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Gain Weight |
| <input type="checkbox"/> Improve Eating Habits | <input type="checkbox"/> Increase Strength | <input type="checkbox"/> Injury Rehab/Prevention |
| <input type="checkbox"/> Improve Cardiovascular Fitness | <input type="checkbox"/> Increase Energy | <input type="checkbox"/> Increase Muscle Tone |
| <input type="checkbox"/> Athletic Improvement for Sport | <input type="checkbox"/> Control Stress | <input type="checkbox"/> Improve Flexibility |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Other | |



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PAR - Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions 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 do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing 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 drugs (for example, water pills for blood pressure or heart condition)?
		7. Do you know of any other reason why you should not do physical activity?

**IF YOU ANSWERED
YES to one or more questions**

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell you doctor about the PAR-Q and which questions you answered YES.

-You may be able to do any activity you want, as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

-Find out which community programs are safe and helpful for you.

**IF YOU ANSWERED
NO to all questions**

If you answered **NO** honestly to all **PAR-Q** questions, you can be reasonably sure that you can:

- Start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE

- If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better, or
- If you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: *The Canadian Society for Exercise Physiology Health Canada and their agents assume no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.*

You are encouraged to copy the PAR-Q but only if you use the entire form

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

	I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction (<i>please initial in box</i>).
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Date: _____ Participant's Signature: _____

Print Name Here: _____

Address: _____ City: _____ Postal Code: _____

If the participant is under the age of 19 years please fill out below:

Date: _____ Required Parent's Signature: _____

Parent Print Name: _____

Address: _____ City: _____ Postal Code: _____

Name(s) of Minor(s): _____

Relationship to Minor(s): _____