



Date _____: FitnessTester/Trainer/Therapist:_____

Mr./Ms. _____ has been referred for a functional assessment, fitness testing and/or active rehabilitation program which would involve maximal and/or sub-maximal lifting and carrying and/or exercise.

The Alberta Sport Development Centre: North West policy requires that each participant have a resting blood pressure less than 150/90 mm HG and answer “no” to all our Modified PA.R-Q(Physical Activity Readiness Questionnaire) questions prior to starting their assessment/rehabilitation.

The following questions have been answered as “Yes” on the PAR-Q

- Q1 heart Condition
- Q2 Chest pain during activity
- Q3 chest pain during rest
- Q4 Loss of balance, dizziness
- Q5 Bone or joint problem
- Q6 Blood Pressure or heart medication
- Q7 Other reason:_____

Resting blood pressure was measured as: _____

Please complete the following section and return to the Alberta Sport Development Centre: North West. This section must be completed by a physician prior to participating in assessment or treatment.

No physical activity.....Yes or No
 Physical activity with the avoidance of _____
 Unrestricted physical activity.....Yes or No
 Further medical investigation _____

Physician Name: _____
 Physician signature _____
 Date: _____