

I, the undersigned, do hereby acknowledge:

- my consent to perform a health-related fitness appraisal consisting of stepping on double 20 cm steps at speeds appropriate for my age and gender, measurements of standing height, weight, circumference, and skinfolds, and tests of grip strength, push-ups, sit and reach, curl-ups, vertical jump and back extension test, the results of which will assist in determining the type and amount of physical activity most appropriate for my level of fitness;
- my understanding that heart rate and blood pressure will be measured prior to and at the completion of the appraisal;
- my consent to answer questions concerning my physical activity participation and my lifestyle;
- my consent to the appraisal measures conducted by an appraiser who has been trained to administer the Canadian Physical Activity, Fitness and Lifestyle Approach. I understand that the interpretation of results is limited to placing my scores in the appropriate Health Benefit Zones and providing information on physical activity participation and other healthy lifestyle topics.
- my understanding that there are potential risks; i.e., episodes of transient lightheadness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, and nausea, and that I assume willfully those risks;
- my obligation to immediately inform the appraiser of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the appraisal;
- my understanding that I may stop or delay any further testing if I so desire and that the appraisal may be terminated by the appraiser upon observation of any symptoms of undue distress or abnormal response;
- my understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after the appraisal;
- that I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and answered NO to all the questions or received clearance to participate from my physician.

Signature

Date

Witness

Date

NOTE: This form must be completed, signed and submitted to the appraiser, along with the completed PAR-Q, at the time of testing. The form must also be witnessed at the time of signing and the witness must be of the age of majority and independent of the organization administering the appraisal.

Tool #6

INVENTORY OF LIFESTYLE NEEDS AND ACTIVITY PREFERENCES

I feel it is important to me to ...

- | | | |
|--|---|--|
| <input type="checkbox"/> like the people I'm with | <input type="checkbox"/> be able to do things at the last minute | <input type="checkbox"/> have other people like me |
| <input type="checkbox"/> be in a group | <input type="checkbox"/> follow rules | <input type="checkbox"/> be physically active |
| <input type="checkbox"/> be independent | <input type="checkbox"/> be praised | <input type="checkbox"/> use my imagination |
| <input type="checkbox"/> get to know other people well | <input type="checkbox"/> have fun and enjoy myself | <input type="checkbox"/> create something |
| <input type="checkbox"/> meet many new people | <input type="checkbox"/> release frustration | <input type="checkbox"/> find the activity challenging |
| <input type="checkbox"/> be a leader | <input type="checkbox"/> take a risk | <input type="checkbox"/> feel safe and secure |
| <input type="checkbox"/> feel confident | <input type="checkbox"/> enjoy the outdoors | <input type="checkbox"/> try something new and different |
| <input type="checkbox"/> learn something | <input type="checkbox"/> release energy | <input type="checkbox"/> be myself |
| <input type="checkbox"/> be in pleasant, attractive surroundings | <input type="checkbox"/> improve my health | <input type="checkbox"/> use my talents |
| <input type="checkbox"/> be alone | <input type="checkbox"/> have common interests with other people | <input type="checkbox"/> improve myself and my skills |
| <input type="checkbox"/> have a structured activity | <input type="checkbox"/> be able to contribute something to a group | <input type="checkbox"/> accomplish something |
| | | <input type="checkbox"/> relax |
| | | <input type="checkbox"/> spend time with my family. |

Once you have checked the lifestyle needs that are important to you, list the *three* most important and identify which activities would most probably satisfy these needs.

Lifestyle Needs	Activity Preferences
1. _____	_____ _____ _____ _____ _____
2. _____	_____ _____ _____ _____ _____
3. _____	_____ _____ _____ _____ _____

TOOL #21

HEALTHY PHYSICAL ACTIVITY PARTICIPATION QUESTIONNAIRE

DETERMINING THE HEALTH BENEFITS OF YOUR PHYSICAL ACTIVITY PARTICIPATION IS AS EASY AS A, B, C ...

A. Answer the following questions:

#1 Frequency

Over a typical seven-day period (one week), how many times do you engage in physical activity that is sufficiently prolonged and intense to cause sweating and a rapid heart beat?

- At least three times
- Normally once or twice
- Rarely or never

#2 Intensity

When you engage in physical activity, do you have the impression that you:

- Make an intense effort
- Make a moderate effort
- Make a light effort

#3 Perceived Fitness

In a general fashion, would you say that your current physical fitness is:

- Very Good
- Good
- Average
- Poor
- Very Poor

B. Circle your score for each answer and total your score.

Scoring of Questionnaire Responses

Item	Male		Female		Male		Female	
#1 Frequency	Rarely or never		Normally once or twice		At least three times			
	0	0	2	3	3	5		
#2 Intensity	Light effort		Moderate effort		Intense effort			
	0	0	1	2	3	3		
#3 Perceived Fitness	Very Poor or Poor		Average		Good or Very Good			
	0	0	3	1	5	3		

Total Score = _____

C. Determine your health benefit rating based on your score from B.

Health Benefit Zone	Total Score
Excellent	9-11
Very Good	6-8
Good	4-5
Fair	1-3
Needs Improvement	0

TOOL #22

FANTASTIC LIFESTYLE CHECKLIST

INSTRUCTIONS: Unless otherwise specified, place an 'X' beside the box which best describes your behaviour or situation in the past month. Explanations of questions and scoring are provided on the next page.

FAMILY FRIENDS	I have someone to talk to about things that are important to me	almost never	seldom	some of the time	fairly often	almost always
	I give and receive affection	almost never	seldom	some of the time	fairly often	almost always
ACTIVITY	I am vigorously active for at least 30 minutes per day e.g., running, cycling, etc.	less than once/week	1-2 times/week	3 times/week	4 times/week	5 or more times/week
	I am moderately active (gardening, climbing stairs, walking, housework)	less than once/week	1-2 times/week	3 times/week	4 times/week	5 or more times/week
NUTRITION	I eat a balanced diet (see explanation)	almost never	seldom	some of the time	fairly often	almost always
	I often eat excess 1) sugar, or 2) salt, or 3) animal fats, or 4) junk foods.	four of these	three of these	two of these	one of these	none of these
	I am within ___ kg of my healthy weight	not within 8 kg	8 kg (20 lbs)	6 kg (15 lbs)	4 kg (10 lbs)	2 kg (5 lbs)
TOBACCO TOXICS	I smoke tobacco	more than 10 times/week	1 - 10 times/week	none in the past 6 months	none in the past year	none in the past 5 years
	I use drugs such as marijuana, cocaine	sometimes				never
	I overuse prescribed or 'over the counter' drugs	almost daily	fairly often	only occasionally	almost never	never
	I drink caffeine-containing coffee, tea, or cola	more than 10/day	7-10/day	3-6/day	1-2/day	never
ALCOHOL	My average alcohol intake per week is (see explanation)	more than 20 drinks	13-20 drinks	11-12 drinks	8-10 drinks	0-7 drinks
	I drink more than four drinks on an occasion	almost daily	fairly often	only occasionally	almost never	never
	I drive after drinking	sometimes				never
SLEEP SEATBELTS STRESS SAFE SEX	I sleep well and feel rested	almost never	seldom	some of the time	fairly often	almost always
	I use seatbelts	never	seldom	some of the time	most of the time	always
	I am able to cope with the stresses in my life	almost never	seldom	some of the time	fairly often	almost always
	I relax and enjoy leisure time	almost never	seldom	some of the time	fairly often	almost always
	I practice safe sex (see explanation)	almost never	seldom	some of the time	fairly often	always
TYPE of behaviour	I seem to be in a hurry	almost always	fairly often	some of the time	seldom	almost never
	I feel angry or hostile	almost always	fairly often	some of the time	seldom	almost never
INSIGHT	I am a positive or optimistic thinker	almost never	seldom	some of the time	fairly often	almost always
	I feel tense or uptight	almost always	fairly often	some of the time	seldom	almost never
	I feel sad or depressed	almost always	fairly often	some of the time	seldom	almost never
CAREER	I am satisfied with my job or role	almost never	seldom	some of the time	fairly often	almost always

STEP 1 Total the X's in each column →

STEP 2 Multiply the totals by the numbers indicated (write your answer in the box below) → 0 x 1 x 2 x 3 x 4

STEP 3 Add your scores across the bottom for your grand total → + + + =

Grand total
(see explanation)

Adapted with permission from the "Fantastic Lifestyle Assessment" ©1985 Dr. Douglas Wilson, Department of Family Medicine, McMaster University, Hamilton, Ontario, Canada L8N 3Z5

▼ A BALANCED DIET:

According to Canada's Food Guide to Healthy Eating (for people four years and over):

Different People Need Different Amounts of Food

The amount of food you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, while male teenagers can select the higher number. Most other people can choose servings somewhere in between.

Grain Products	Vegetables & Fruit	Milk Products	Meat & Alternatives	Other Foods
Choose whole grain and enriched products more often.	Choose dark green and orange vegetables more often.	Choose lower fat milk products more often.	Choose leaner meats, poultry and fish, as well as dried peas, beans and lentils more often.	Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these are higher in fat or calories, so use these foods in moderation.
recommended number of servings per day:				
5-12	5-10	Children 4-9 years: 2-3 Youth 10-16 years: 3-4 Adults: 2-4 Pregnant and breast-feeding women: 3-4	2-3	

▼ ALCOHOL INTAKE:


1 drink equals:

		Canadian	Metric	U.S.
1 bottle of beer	5% alcohol	12 oz.	340.8 ml	10 oz.
1 glass wine	12% alcohol	5 oz.	142 ml	4.5 oz.
1 shot spirits	40% alcohol	1.5 oz.	42.6 ml	1.25 oz.

▼ SAFE SEX:

Refers to the use of methods of preventing infection or conception.

WHAT DOES THE SCORE MEAN?

	85-100	70-84	55-69	35-54	0-34
	EXCELLENT	VERY GOOD	GOOD	FAIR	NEEDS IMPROVEMENT

NOTE: A low total score does not mean that you have failed. There is always the chance to change your lifestyle — starting now. Look at the areas where you scored a 0 or 1 and decide which areas you want to work on first.

TIPS:

- 1 Don't try to change all the areas at once. This will be too overwhelming for you.
- 2 Writing down your proposed changes and your overall goal will help you to succeed.
- 3 Make changes in small steps towards the overall goal.
- 4 Enlist the help of a friend to make similar changes and/or to support you in your attempts.
- 5 Congratulate yourself for achieving each step. Give yourself appropriate rewards.
- 6 Ask your physical activity professional (CSEP-Professional Fitness and Lifestyle Consultant), family physician, nurse or health department for more information on any of these areas.

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	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> 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 your 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.

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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

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.

No changes permitted. You are encouraged to photocopy 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."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

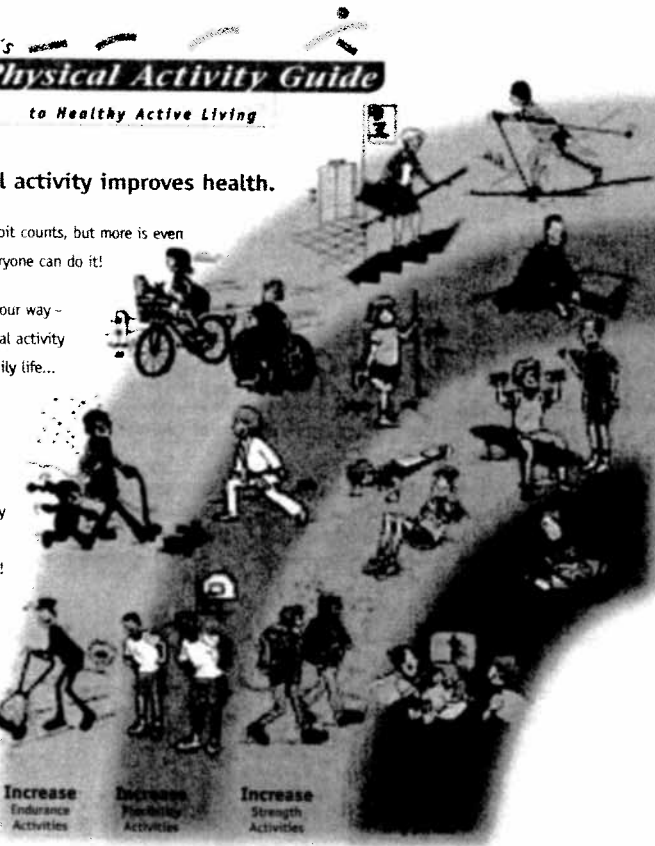


Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



Increase Endurance Activities
Increase Flexibility Activities
Increase Strength Activities

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle stretching, bending and twisting exercises to keep your muscles and joints in their best shape.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort

Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
60 minutes	30-60 minutes	20-30 minutes		
• Strolling • Dusting	• Light walking • Volleyball • Easy gardening • Stretching	• Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	• Aerobics • Jogging • Hockey • Basketball • Fast swimming	• Sprinting • Racing

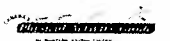
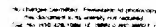
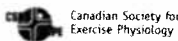
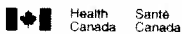
Range needed to stay healthy

You Can Do It – Getting started is easier than you think.

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life 	<ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer



Source: *Canada's Physical Activity Guide to Healthy Active Living*, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>
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PARmed-X Physical Activity Readiness Conveyance/Referral Form

Based upon a current review of the health status of _____, I recommend:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity
 - with avoidance of: _____
 - with inclusion of: _____
 - under the supervision of a CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™
- Unrestricted physical activity — start slowly and build up gradually

Further Information:

- Attached
- To be forwarded
- Available on request

Physician/clinic stamp:

NOTE: This physical activity clearance is valid for a maximum of six months from the date it is completed and becomes invalid if your medical condition becomes worse.

_____ M.D.

_____ 20 _____
(date)

	Special Prescriptive Conditions	ADVICE
<i>Lung</i>	<input type="checkbox"/> chronic pulmonary disorders	special relaxation and breathing exercises
	<input type="checkbox"/> obstructive lung disease	breath control during endurance exercises to tolerance; avoid polluted air
	<input type="checkbox"/> asthma	
	<input type="checkbox"/> exercise-induced bronchospasm	avoid hyperventilation during exercise; avoid extremely cold conditions; warm up adequately; utilize appropriate medication.
<i>Musculoskeletal</i>	<input type="checkbox"/> low back conditions (pathological, functional)	avoid or minimize exercise that precipitates or exasperates e.g., forced extreme flexion, extension, and violent twisting; correct posture, proper back exercises
	<input type="checkbox"/> arthritis—acute (infective, rheumatoid; gout)	treatment, plus judicious blend of rest, splinting and gentle movement
	<input type="checkbox"/> arthritis—subacute	progressive increase of active exercise therapy
	<input type="checkbox"/> arthritis—chronic (osteoarthritis and above conditions)	maintenance of mobility and strength; non-weightbearing exercises to minimize joint trauma (e.g., cycling, aquatic activity, etc.)
	<input type="checkbox"/> orthopaedic	highly variable and individualized
	<input type="checkbox"/> hernia	minimize straining and isometrics; strengthen abdominal muscles
	<input type="checkbox"/> osteoporosis or low bone density	avoid exercise with high risk for fracture such as push-ups, curl-ups, vertical jump and trunk forward flexion; engage in low-impact weight-bearing activities and resistance training
<i>CNS</i>	<input type="checkbox"/> convulsive disorder not completely controlled by medication	minimize or avoid exercise in hazardous environments and/or exercising alone (e.g., swimming, mountaineering, etc.)
	<input type="checkbox"/> recent concussion	thorough examination if history of two concussions; review for discontinuation of contact sport if three concussions, depending on duration of unconsciousness, retrograde amnesia, persistent headaches, and other objective evidence of cerebral damage
<i>Blood</i>	<input type="checkbox"/> anemia—severe (< 10 Gm/dl)	control preferred; exercise as tolerated
	<input type="checkbox"/> electrolyte disturbances	
<i>Medications</i>	<input type="checkbox"/> antianginal <input type="checkbox"/> antiarrhythmic <input type="checkbox"/> antihypertensive <input type="checkbox"/> anticonvulsant <input type="checkbox"/> beta-blockers <input type="checkbox"/> digitalis preparations <input type="checkbox"/> diuretics <input type="checkbox"/> ganglionic blockers <input type="checkbox"/> others	NOTE: consider underlying condition. Potential for: exertional syncope, electrolyte imbalance, bradycardia, dysrhythmias, impaired coordination and reaction time, heat intolerance. May alter resting and exercise ECG's and exercise test performance.
<i>Other</i>	<input type="checkbox"/> post-exercise syncope	moderate program
	<input type="checkbox"/> heat intolerance	prolong cool-down with light activities; avoid exercise in extreme heat
	<input type="checkbox"/> temporary minor illness	postpone until recovered
	<input type="checkbox"/> cancer	if potential metastases, test by cycle ergometry, consider non-weight bearing exercises; exercise at lower end of prescriptive range (40-65% of heart rate reserve), depending on condition and recent treatment (radiation, chemotherapy); monitor hemoglobin and lymphocyte counts; add dynamic lifting exercise to strengthen muscles, using machines rather than weights.

*Refer to special publications for elaboration as required

The following companion forms are available by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Questionnaire (PAR-Q)** - a questionnaire for people aged 15-69 to complete before becoming much more physically active.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for PREGNANCY)** - to be used by physicians with pregnant patients who wish to become more physically active.

To order multiple printed copies of the PARmed-X and/or any of the companion forms (for a nominal charge), please contact the:

Canadian Society for Exercise Physiology
202 - 185 Somerset St. West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565 • Online: www.csep.ca

Note to physical activity professionals...

It is a prudent practice to retain the completed Physical Activity Readiness Conveyance/Referral Form in the participant's file.



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Supported by:



Health Canada Santé Canada

PARmed-X

PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

Following is a checklist of medical conditions for which a degree of precaution and/or special advice should be considered for those who answered "YES" to one or more questions on the PAR-Q, and people over the age of 69. Conditions are grouped by system. Three categories of precautions are provided. Comments under Advice are general, since details and alternatives require clinical judgement in each individual instance.

	Absolute Contraindications	Relative Contraindications	Special Prescriptive Conditions	
	Permanent restriction or temporary restriction until condition is treated, stable, and/or past acute phase.	Highly variable. Value of exercise testing and/or program may exceed risk. Activity may be restricted. Desirable to maximize control of condition. Direct or indirect medical supervision of exercise program may be desirable.	Individualized prescriptive advice generally appropriate: • limitations imposed; and/or • special exercises prescribed. May require medical monitoring and/or initial supervision in exercise program.	
				ADVICE
<i>Cardiovascular</i>	<input type="checkbox"/> aortic aneurysm (dissecting) <input type="checkbox"/> aortic stenosis (severe) <input type="checkbox"/> congestive heart failure <input type="checkbox"/> crescendo angina <input type="checkbox"/> myocardial infarction (acute) <input type="checkbox"/> myocarditis (active or recent) <input type="checkbox"/> pulmonary or systemic embolism—acute <input type="checkbox"/> thrombophlebitis <input type="checkbox"/> ventricular tachycardia and other dangerous dysrhythmias (e.g., multi-focal ventricular activity)	<input type="checkbox"/> aortic stenosis (moderate) <input type="checkbox"/> subaortic stenosis (severe) <input type="checkbox"/> marked cardiac enlargement <input type="checkbox"/> supraventricular dysrhythmias (uncontrolled or high rate) <input type="checkbox"/> ventricular ectopic activity (repetitive or frequent) <input type="checkbox"/> ventricular aneurysm <input type="checkbox"/> hypertension—untreated or uncontrolled severe (systemic or pulmonary) <input type="checkbox"/> hypertrophic cardiomyopathy <input type="checkbox"/> compensated congestive heart failure	<input type="checkbox"/> aortic (or pulmonary) stenosis—mild angina pectoris and other manifestations of coronary insufficiency (e.g., post-acute infarct) <input type="checkbox"/> cyanotic heart disease <input type="checkbox"/> shunts (intermittent or fixed) <input type="checkbox"/> conduction disturbances <ul style="list-style-type: none"> • complete AV block • left BBB • Wolff-Parkinson-White syndrome <input type="checkbox"/> dysrhythmias—controlled <input type="checkbox"/> fixed rate pacemakers <input type="checkbox"/> intermittent claudication <input type="checkbox"/> hypertension: systolic 160-180; diastolic 105+	<ul style="list-style-type: none"> • clinical exercise test may be warranted in selected cases, for specific determination of functional capacity and limitations and precautions (if any). • slow progression of exercise to levels based on test performance and individual tolerance. • consider individual need for initial conditioning program under medical supervision (indirect or direct).
<i>Infections</i>	<input type="checkbox"/> acute infectious disease (regardless of etiology)	<input type="checkbox"/> subacute/chronic/recurrent infectious diseases (e.g., malaria, others)	<input type="checkbox"/> chronic infections <input type="checkbox"/> HIV	variable as to condition
<i>Metabolic</i>		<input type="checkbox"/> uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)	<input type="checkbox"/> renal, hepatic & other metabolic insufficiency <input type="checkbox"/> obesity <input type="checkbox"/> single kidney	variable as to status dietary moderation, and initial light exercises with slow progression (walking, swimming, cycling)
<i>Pregnancy</i>		<input type="checkbox"/> complicated pregnancy (e.g., toxemia, hemorrhage, incompetent cervix, etc.)	<input type="checkbox"/> advanced pregnancy (late 3rd trimester)	refer to the "PARmed-X for PREGNANCY"

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

The PAR-Q and PARmed-X were developed by the British Columbia Ministry of Health. They have been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

No changes permitted. You are encouraged to photocopy the PARmed-X, but only if you use the entire form.

Disponible en français sous le titre
«Évaluation médicale de l'aptitude à l'activité physique (X-AAP)»

PARmed-X

PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

The PARmed-X is a physical activity-specific checklist to be used by a physician with patients who have had positive responses to the Physical Activity Readiness Questionnaire (PAR-Q). In addition, the Conveyance/Referral Form in the PARmed-X can be used to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

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. The PAR-Q by itself provides adequate screening for the majority of people. However, some individuals may require a medical evaluation and specific advice (exercise prescription) due to one or more positive responses to the PAR-Q.

Following the participant's evaluation by a physician, a physical activity plan should be devised in consultation with a physical activity professional (CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™). To assist in this, the following instructions are provided:

- PAGE 1:** • Sections A, B, C, and D should be completed by the participant BEFORE the examination by the physician. The bottom section is to be completed by the examining physician.
- PAGES 2 & 3:** • A checklist of medical conditions requiring special consideration and management.
- PAGE 4:** • Physical Activity & Lifestyle Advice for people who do not require specific instructions or prescribed exercise.
• Physical Activity Readiness Conveyance/Referral Form - an optional tear-off tab for the physician to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

This section to be completed by the participant

A PERSONAL INFORMATION:

NAME _____

ADDRESS _____

TELEPHONE _____

BIRTHDATE _____ GENDER _____

MEDICAL No. _____

B PAR-Q: Please indicate the PAR-Q questions to which you answered YES

- Q1 Heart condition
- Q2 Chest pain during activity
- Q3 Chest pain at rest
- Q4 Loss of balance, dizziness
- Q5 Bone or joint problem
- Q6 Blood pressure or heart drugs
- Q7 Other reason: _____

C RISK FACTORS FOR CARDIOVASCULAR DISEASE: Check all that apply

- Less than 30 minutes of moderate physical activity most days of the week.
- Excessive accumulation of fat around waist.
- Currently smoker (tobacco smoking 1 or more times per week).
- Family history of heart disease.
- High blood pressure reported by physician after repeated measurements.
- Please note: Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.*
- High cholesterol level reported by physician.

D PHYSICAL ACTIVITY INTENTIONS:

What physical activity do you intend to do?

This section to be completed by the examining physician

Physical Exam:

Ht	Wt	BP i)	/
		BP ii)	/

Conditions limiting physical activity:

- Cardiovascular Respiratory Other
- Musculoskeletal Abdominal

Tests required:

- ECG Exercise Test X-Ray
- Blood Urinalysis Other

Physical Activity Readiness Conveyance/Referral:

Based upon a current review of health status, I recommend:

Further Information:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity:
- with avoidance of: _____
- with inclusion of: _____
- under the supervision of a CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™
- Unrestricted physical activity—start slowly and build up gradually

- Attached
- To be forwarded
- Available on request