

Physical Activity Readiness Questionnaire (PAR-Q)

A modified PAR-Q list of questions is shown below. It is recommended that athletes and/or parents of the athletes (if athlete is under 18 years of age) complete the PAR-Q prior to participation in gymnastics. If any of the following questions are answered with a "YES," the athlete should be referred to a physician for further evaluation prior to participation (152, p. 224).

Participant's name _____

1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity? Yes No
2. Do you have chest pain brought on by physical activity? Yes No
3. Do you tend to lose consciousness or fall over as a result of dizziness? Yes No
4. Has a doctor ever recommended medication for your blood pressure, heart condition, or other disorder that could influence your ability to perform gymnastics? Yes No
5. Do you have a bone or joint problem that could be aggravated by gymnastics? Yes No
6. Have you developed chest pain within the past month? Yes No
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? Yes No

If so, please explain: _____

Additional Questions

8. Have you ever had a neck injury, head injury or concussion? Yes No
9. Are you currently or recently recovering from a significant illness (e.g., flu, mononucleosis, pneumonia, etc.)? Yes No
10. Do you have a convulsive disorder? Yes No
11. Do you have uncontrolled asthma? Yes No
12. Do you have an infectious skin disorder? Yes No
13. Do you have a history of a liver disorder, spleen disorder, kidney disorder or detached retina? Yes No

Parent signature _____ Date _____

Athlete (18 or older) signature _____ Date _____