The Simon

**Marilyn and Marvin Simon Family Jewish Community Center**
5000 Corporate Woods Drive Suite 100 Virginia Beach VA 23462
757-321-2338 (757) 489-4427, fax

**Physical Activity Readiness Questionnaire (Par-Q)**
*This form must be completed for your use of The Simon J exercise facilities.*

Name ________________________________________ Date ____________ Account # ________

For most people, physical activity should not pose any problem or hazard. If you answer PAR-Q accurately, you should have a reasonable assurance of your present suitability for a graduated exercise program. If you have not recently done so, consult with you personal physician by telephone or in person before increasing your physical activity and/or taking a physical assessment. Seek advice from your physician as to your suitability for unrestricted physical activity starting off easily and gradually progressing. Common sense is your best guide in answering these questions. Please read them carefully and check the appropriate box.

☐ Yes ☐ No Has your doctor ever said you have heart trouble?
☐ Yes ☐ No Do you frequently have pains in your heart and chest?
☐ Yes ☐ No Do you often feel faint or have spells of dizziness?
☐ Yes ☐ No Has your doctor ever said your blood pressure was too high?
☐ Yes ☐ No Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or made worse with exercise?
☐ Yes ☐ No Is there a good physical reason not mentioned here why you should not follow an activity program?
☐ Yes ☐ No Are you over the age of 45 and not accustomed to vigorous exercise?

*If you have answered "yes" to any of the above questions, have your physician complete the Approval Form below. The form must also be completed by anyone over 45 years old who has not been exercising regularly or anyone with health or medical problems including obesity or smoking.*
☐ *Check here for aquatic exercise only.*

## Physician's Approval Form

Participant's Name ____________________________________ has medical approval to participate in fitness programs and in the use of exercise at various sites, including home and office that may be provided by or recommended by The Simon J.

The following restrictions apply (if none, so state): ________________________________________

________________________________________________________________________________

Physician's Signature __________________________ Phone ______________ Date ___________

Physician's Name ________________________________________________________________

Address _________________________________ City/State __________________ Zip ________