



Registration + PAR-Q Screening Sheet

Class Information:

Instructor: _____
 Location: _____
 Offered on _____ (days)
 at _____ (time)
 between _____ and _____ (dates)
 Fee: \$ _____

For potential participants responding “yes” to any of the eight questions, please collect physician contact information and fax a copy of the cover letter and Physician Authorization Form to the individuals’ care provider.

For instructor use. Valid for one year.

Stay Strong, Stay Healthy Registration

Name: _____
 Phone Number: _____
 Email/Address: _____

Has a physician ever said you have a heart condition and that you should only perform physical activity recommended by a physician? **YES / NO**

Do you feel pain in your chest during physical activity?
YES / NO

In the past month, have you had chest pain at a time when you were not doing physical activity? **YES / NO**

Do you ever lose consciousness or do you lose your balance because of dizziness? **YES / NO**

Do you have bone or joint problems (back, knee or hip) that may be made worse by a change in your physical activity? **YES / NO**

Is a physician currently prescribing medication for your blood pressure or a heart condition? **YES / NO**

Are you 69 years of age or older? **YES / NO**

Do you know of any other reason why you should not exercise or increase your physical activity? **YES / NO**

Signature: _____ Date: _____

Medical Care Provider Information

Name: _____
 Hospital/Clinic Affiliation: _____
 Phone: _____ Fax: _____

Returning participant initial if all responses are the same _____ Date _____

Stay Strong, Stay Healthy Registration

Name: _____

Phone Number: _____

Email/Address: _____

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