Are you ready to increase your exercise or should you see your doctor first?

Physical Activity Readiness Questionnaire (PAR-Q)*

Please read carefully and answer yes or no to each question.
Common sense is your best guide in answering these questions.

<table>
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<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Has your health care provider ever said you have heart trouble?</td>
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<td>Do you frequently have pains in your heart and chest?</td>
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<td>Do you often feel faint or have spells of severe dizziness?</td>
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<td>Has a health care provider ever said your blood pressure was too high?</td>
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<td>Has your health care provider ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?</td>
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<td>Is there a physical or other reason not mentioned here why you should not follow an activity program even if you wanted to?</td>
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<tr>
<td>Are you over age 65 and not accustomed to vigorous exercise that may increase your heart rate?</td>
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</table>

If you answered NO to all questions:
If you answered the PAR-Q accurately, you should have reasonable assurance of your present suitability for an exercise program.

If you answered YES to one or more questions:
Consult with your personal health care provider by telephone or in person before increasing your physical activity. For your convenience, please share this medical release form on the next page.

If you have any questions, please contact the Live Well/Work Well Program at 603-650-5950
Dear Health Care Provider,

I have recently completed the Physical Activity and Readiness Questionnaire (PAR-Q) as directed by the staff of the Live Well/Work Well Health Improvement Program (HIP). Based on my responses, it has been suggested to have your support, guidance and approval before increasing or changing my activity level and engaging a physical fitness program using aerobic conditioning and strengthening equipment. HIP may provide coaching, support, and personal training, however, most activity is voluntary, unsupervised exercise at home or at worksite fitness room.

Thank you for your time in reviewing this matter. If you have any questions or concerns that you would like to discuss regarding this program, please feel free to contact me, Marion Cate, the Live Well/Work Well Health Improvement Program manager, at (603) 650-5950 or by email livewellworkwell@hitchcock.org.

Please review my health and functional status and indicate whether I have your consent to participate in a self-monitored activity/fitness program. Please identify any recommendations or restrictions that are appropriate for me in this exercise program (Please feel free to attach a letter detailing recommendations/restrictions):

___ No restrictions to exercise – has my approval to begin exercise program.

___ Able to participate, but prior to participation suggest completing a fitness evaluation for level/types of activity and specific recommendations.

___ Do not participate in unsupervised activity.

___ My Other Recommendations:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

MD Signature ___________________________ Date ______________

Please return a copy of this form to Live Well/Work Well:

Fax: (603) 650-4881

Mail: Live Well/Work Well Program
      Attention: Marion Cate
      Dartmouth-Hitchcock Medical Center
      Lebanon, NH 03756

*Adapted from the Canadian Society for Exercise Physiology (Societe canadienne de physiologie de l’exercice—Revised 2002*