

**NOTICE TO ANYONE 35 YEARS**  
**OF AGE OR OLDER**  
**ATTENDING THE N.N.U. CHALLENGE COURSE**  
**ADVENTURE EDUCATION PROGRAM**

Attached are the American College of Sports Medicine *Guidelines of Exercise Testing and Prescription Form and the Physical Activity Readiness Questionnaire*. It is quite possible that some physical exertion will be part of your experience while attending the Adventure Education Program. Although not technically an “exercise program”, the Adventure Education Program usually involves some form of exercise. All participants 35 years or older must read, fill out all questions asked, and sign the attached documents. The decision to consult with a health professional prior to attending one of our programs lies with the participant. However, we want everyone to be informed of what the guidelines are for exercise in general.

# Medical History Questionnaire

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Purpose:** To determine whether your past medical history warrants further medical evaluation before beginning an exercise program.

**Procedure:** Check the appropriate column below if you think you have or if you have ever been told you had any of the conditions listed below.

	YES	NO
Coronary heart disease	_____	_____
Chest pain (during rest or exercise)	_____	_____
Pain in your shoulder or jaw	_____	_____
Irregular heartbeats	_____	_____
High blood pressure	_____	_____
Shortness of breath	_____	_____
Family history of heart disease	_____	_____
Rheumatic fever	_____	_____
High cholesterol levels	_____	_____
Respiratory problems	_____	_____
Chronic cough	_____	_____
Diabetes	_____	_____
Sickle Cell Anemia	_____	_____
Dizziness or loss of conscience	_____	_____
Seizures or convulsions	_____	_____
Severe headaches	_____	_____
Obesity	_____	_____
Arthritis	_____	_____
Serious bone, joint, or muscle injury	_____	_____
Low back pain	_____	_____
Do you smoke cigarettes?	_____	_____
Are you using any prescription drugs?	_____	_____
Do you have any physical problems that are of concern to you?	_____	_____

If you checked the yes column for any of the conditions listed, it is recommended that you consult your physician before engaging in a physical activity program.

The American College of Sports Medicine and the American Medical Association have established the following guidelines and recommendations for medical evaluation before engaging in a physical activity program.

1. Any individual less than 35 years of age who has (1) no previous history of cardiovascular disease, (2) no known risk factors, and (3) undergone a medical evaluation within the past 2 years may generally begin a physical activity program without additional medical evaluation or clearance.
2. Any individual less than 35 years of age who exhibits (1) evidence of coronary heart disease or (2) a significant combination of risk factors should be examined and cleared medically before engaging in a physical activity program.
3. For all individuals over 35 years of age, medical evaluation and clearance is recommended before any major increase in physical activity levels.

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\* American College of Sports Medicine: Guidelines for exercise testing & prescription, Philadelphia, 1991, Lea & Febiger.

**Physical Activity Readiness Questionnaire**  
**(PAR – Q)**  
**A Self-Administered Questionnaire**  
**for Adults**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of physical activity most suitable for them.

Common sense is your best guide to answering these few questions. Please read them carefully and check yes or no opposite the question if it applies to you.

	<b>YES</b>	<b>NO</b>
Has your doctor ever said you have heart trouble?	_____	_____
Do you frequently have pain in you heart or chest?	_____	_____
Do you often feel faint or have spells of dizziness?	_____	_____
Has the doctor ever said your blood pressure was too high?	_____	_____
Has the doctor 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?	_____	_____
Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?	_____	_____
Are you over age 65 and not accustomed to vigorous exercise?	_____	_____

**If you answered YES to one or more questions....**

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 fitness test. Tell him what questions you answered YES to on PAR-Q, or show him your copy.

## If you answered NO to all your questions...

If you answered no to all your PAR-Q questions accurately, you have reasonable assurance of your present suitability for:

- A graduated exercise program- A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.
- An exercise test- Simple test of fitness (such as the Canadian Home Fitness Test) or more complex types may be undertaken if you so desire.

## Programs

After medical evaluation, seek advice from your physician as to your suitability for:

- unrestricted physical ability, probably on a gradual increasing basis.
- a restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

## Postpone

If you have a temporary illness, such as a common cold.

Answer the PAR-Q before using this chart. If you had one or more “yes” answers, follow the directions for the PAR-Q concerning consultation with a physician. If you had all “no” answers on the PAR-Q, answer the additional questions below before beginning intensive training, particularly for sports.

	YES	NO
Do you plan to participate on an organized team that will play intense competitive sports (i.e., varsity team, professional team)?	_____	_____
If you plan to participate in a collision sport (even on a less organized basis), such as football, boxing, hockey, or rugby, have you been knocked unconscious more than one time?	_____	_____
Do you currently have pain from a muscle injury?	_____	_____
Do you currently have symptoms from a recent back injury, or do you experience back pain as a result of involvement in physical activity?	_____	_____
Do you have any other symptoms during physical activity that gives you reason to be concerned about your health?	_____	_____

If your answer to any of these questions is “yes”, then you should consult with your personal physician by telephone or in person to determine if you have a potential problem with vigorous involvement in physical activity.

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• Developed by the British Columbia Ministry of Health, Conceptualized and critiqued by the Multidisciplinary Advisory Board on Exercise (MABE).

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

• Produced by the British Columbia Ministry of Health and the Department of National Health & Welfare.

