

Appendix K

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.

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? If so, please explain: _____ | [] Yes [] No |

Additional Questions

- | | |
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| 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