

Worcester JCC

633 Salisbury Street | Worcester, MA 01609

P 508.756.7109 F 508.754.3373 | worcesterjcc.org

Health History

Taken from the Canadian Physical Activity Readiness Questionnaire (PAR-Q) for The Health Wizard. The PAR-Q was designed to identify the small number of adults for whom physical activity might be inappropriate or who require medical advice concerning suitable types of physical activity.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES/NO
*Heart condition: a broad term used to include heart attacks, angina, congenital heart disease, heart valve disease, edema due to congestive heart failure, and use of heart medications.
2. Do you feel pain in your chest when you do physical activity? YES/NO
3. In the past month, have you had chest pain when you were not doing physical activity? YES/NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES/NO
*Dizziness is a feeling associated with instability. Often referred to as lightheadedness.
5. Do you have bone or joint problem that could be made worse by a change in your physical activity? YES/NO
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES/NO
7. Do you know of any other reason why you should not do physical activity? YES/NO

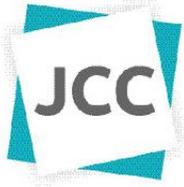
If you have answered “yes” to any of these questions, please fill out the following Medical Clearance Form. We will be happy to FAX it to your physician prior to your Microfit Assessment.

If you have answered yes to any of the above questions, please fill out the medical clearance form.

George D. Pins, President
Emily G. Holdstein, Executive Director

Member agency of the Jewish Federation of Central Massachusetts
Affiliated with the Jewish Community Centers of North America
A Living Memorial to the Jewish War Veterans of America





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Medical Clearance Form

Dear Doctor: _____ Date: _____

_____ is a member of the Worcester JCC's Fitness Center and is involved in our fitness and exercise programs. These may include exercises to increase strength, flexibility and improve cardiovascular endurance. If you know of any medical or any other reason why participation in our fitness programs would be unwise for this applicant please indicate so on the form.

If you have any questions about the JCC Fitness Center, please do not hesitate to contact me.

Elaine Drawbridge, Health & Wellness Director at 508-756-7109 x 230 or edrawbridge@worcesterjcc.org.

I know of no reason why the applicant may not participate.

I believe the applicant can participate, but I urge caution because:

The applicant should not engage in the following activities:

I recommend the applicant not participate:

Physician Signature: _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Exercise: _____

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