

Medical Information



Please Print Legibly

Date of Program: _____

Participant's Name: _____ Phone (H): _____ (W) _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Occupation: _____

Birth Date: _____ Age: _____ Gender: Male Female Height: _____ Weight: _____

Medical Insurance Company: _____ Policy #: _____

Emergency Contact Name: _____ Relationship to Participants: _____

Emergency Contact Phone Number: (W) _____ (H) _____

Recent surgeries (Past 6 months): _____

Medication currently being taken: _____

Known allergies (including insects): _____

Special Health Information (i.e. diabetic): _____

Special Physical Consideration (i.e. low vision): _____

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you to protect yourself. The completion of the PAR-Q is a sensible first step if you are planning to engage in increased physical activity, such as a UCO Leadership Adventures Program. For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of participants for whom physical activity might be inappropriate or those who should have medical advice before engaging in strenuous activities. Common sense is your best guide in answering these few questions. Please read them carefully and circle YES or NO for each question.

- | | | | | | |
|-----|----|--|-----|----|--|
| YES | NO | 1. Has your doctor ever said you have a heart problem? | YES | NO | 7. Has your 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? |
| YES | NO | 2. Do you frequently have pains in your heart? | YES | NO | 8. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| YES | NO | 3. Do you often feel faint or have spells of severe dizziness? | YES | NO | 9. Do you smoke on a regular basis? |
| YES | NO | 4. Has a doctor ever said your blood pressure was too high? | YES | NO | 10. Are you pregnant? |
| YES | NO | 5. Are you currently taking any medications? | | | |
| YES | NO | 6. Are you unaccustomed to vigorous exercise? | | | |

If you answered YES to one or more question: If you have not recently done so, consult your physician by telephone or in person BEFORE increasing your physical activity and/or participating in a UCO Leadership Adventures Program. Tell your physician what questions you answered YES to on this form.

If you answered NO to all question: If you answered the PAR-Q accurately, you normally have reasonable assurance of your present suitability for participation in a UCO Leadership Adventures Program.

Informed Participant Consent Signature

Date