

YMCA of Kingston

Physician Physical Activity Readiness Clearance

Dear Physician, _____

Patient Name: _____

Date: _____

Your patient has consulted a YMCA Personal Trainer for a physical activity, fitness and lifestyle assessment and/or personal training services.

Although evidence demonstrates that becoming more active is very safe for most people and yields many health benefits, it is important to identify clients who may need a more thorough evaluation before doing a fitness assessment or becoming much more physically active.

During our standardized screening procedures we became aware that your patient:

Answered "Yes" to one or more questions on the Physical Activity Readiness Questionnaire (PAR-Q) – see copy attached. Specific concern:

Had a Resting Heart Rate of _____ (above the safety cut-off of 99 bpm)

Had a Resting Blood Pressure of ____ / ____ (above the safety cut-off of 144/94 mmHg)

To ensure that your patient proceeds in the safest way possible, they were advised to consult with you about becoming more physically active. Please complete and sign this form, indicating any necessary physical activity restrictions, and have your patient return the form to their YMCA Trainer.

Based upon my review of the health status of, I recommend:

Unrestricted physical activity based on the *Canadian Physical Activity Guidelines* - start slowly and build up gradually

Progressive physical activity:

With avoidance of: _____

With inclusion of: _____

Only a medically-supervised exercise program until further medical clearance

No physical activity

Physician Name (please print): _____

Signed: Date: _____

Physician / Clinic Stamp:

If you have any questions regarding the physical activity, fitness and lifestyle assessment, the PAR-Q, or the services provided by the YMCA of Kingston, please contact:

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NOTE: This Physician Physical Activity Readiness Clearance is valid for a maximum of one year from the date it is completed, and becomes invalid if your patient's medical condition worsens.