

Cypress Creek EMS Tactical Operational Medical Support Course

Physical Activity Readiness Questionnaire

(Par-Q)

This questionnaire is a simple screening tool used to identify individuals who probably should not participate in public safety training exercises without medical clearance. The **Par-Q** was developed in Canada and is used throughout North America. This is the revised questionnaire (2008). This form must be completed by all those who participate in the training program. Please fill this form out and return it as soon as possible to Cypress Creek EMS, 7111 Five Forks Spring, TX 77379 or 281-655-0414 (fax) Attn: Wren Nealy.

If you are between the ages of 15 and 69, the **PAR-Q will tell you if you should check with your doctor before engaging in physical activity. Common sense is your best guide when you answer these questions. Please read them carefully and answer each one honestly by checking Yes or No.**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (e.g., back, knee, or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (e.g., water pills) for high blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not engage in physical activity?

If you answered "yes" to one or more of the above questions, you must provide written medical clearance in order to participate the training program.

Signature: _____

Printed Name: _____

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MEDICAL CLEARANCE FORM

Dear Medical Professional:

The patient you are now seeing would like to participate in various tactical training activities offered by Cypress Creek EMS.

Because this patient answered "yes" to one or more questions on the reverse, medical clearance is required to participate in the training. Please be aware that the tactical medic training courses are physically demanding, requiring a moderate amount of physical exercises. The student will be required to use a gas mask during the course and will be exposed to CS Gas as part of that block of instruction.

This course ranges in duration of 1-6 days and may/will exceed 8 hours per day.

Based on this individual's medical history and current medical status, please conduct a proper medical screening and indicate below whether in your opinion, he/she is approved to attend this training:

" Yes", this person has been properly screened and **is** approved attend the training course.

" No", this person has been properly screened and **is not** approved to attend this training course.

Doctor's Signature: _____ Date: _____

Doctor's Name, Printed: _____

Address: _____

Telephone: _____

Please fill out and return immediately to:

Cypress Creek EMS
Attention: Special Operations
7111 Five Forks Spring, TX 77379 or 281-655-0414 (fax).

Please send a copy of this completed form to the individual screened. Any questions should be addressed to Wren Nealy at wnealy@ccems.com or 281-639-7338.

Thank you for your assistance.