

Health/Fitness Screening Questionnaire Follow-up

To ensure that you are exercising with maximal safety, Duffy & Bracken Physical Therapy P.C. uses two health screening questionnaires to identify potential risk factors that may impact participation in our fitness programs:

- PAR-Q & YOU – Physical Activity Readiness Questionnaire
- AHA/ACSM Health/Fitness Pre-participation Screening Questionnaire

There is intentional redundancy between the two questionnaires, and research has shown that the combination of the two questionnaires is reliable and valid for identifying persons at high risk.

The clinical staff at Duffy & Bracken routinely reviews Health Screening questionnaires for all clients new to our fitness programs in order to identify potential risk factors that may impact your participation. We also ask our existing clients to review these questionnaires annually so that we may be kept apprised of any major changes to your health. In the event that our clinical staff determines that additional follow-up is necessary as a result of your responses to the Health Screening questionnaires, Duffy & Bracken will contact you to discuss our findings.

Unless you specifically indicate below, we will contact your physician in order to obtain a release to exercise if the results of the screening questionnaire show potential risk factors that may impact your participation in our fitness programs.

_____ I do not want my physician notified. I understand that a review of my responses to the questionnaires may show potential risk factors that could affect my safe participation in fitness programs at Duffy & Bracken. I will follow-up with my physician on my own.

I release Duffy & Bracken of any liability for injury/incident associated with the findings of the PAR-Q and AHA/ACSM screening questionnaires.

_____ There have been no changes to my health status since _____
(date of last PAR-Q or Certification).

Duffy & Bracken reserves the right to restrict participation in certain activities as a result of the findings from the screening questionnaires.

Signature Print Name

Date