



Can-Am Wrestling School Information and Par Q Sheet

Name: _____

Date: _____

Telephone: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____

In Case of Emergency Contact: _____

Relationship: _____ Phone: _____

Wrestling Experience or Training: (use reverse if necessary)

Wrestling Influences:

Goals:

Par-Q Form

Physician: _____

Address: _____ Phone: _____

Are you currently under a doctor's care: Yes No
If yes, explain: _____

When was the last time you had a physical examination?

Have you ever had an exercise stress test: Yes__ No__
Don't Know

If yes, were the results: Normal
Abnormal

Do you take any medications on a regular basis? Yes__ No__
If yes, please list medications and reasons for taking:

Have you been recently hospitalized? Yes__ No__
If yes, explain: _____

Do you smoke? Yes__ No__

Are you pregnant? Yes__ No__

Do you drink alcohol more than three times/week? Yes__ No__

Is your stress level high? Yes__ No__

Are you moderately active on most days of the week? Yes__ No__

Do you have:

High blood pressure?

Yes__ No__

High cholesterol?

Yes__ No__

Diabetes?

Yes__ No__

Have you, parents or siblings who, prior to age 55, had:

A heart attack?

Yes__ No__

A stroke?

Yes__ No__

High blood pressure?

Yes__ No__

High cholesterol?

Yes__ No__

Known heart disease?

Yes__ No__

Rheumatic heart disease?

Yes__ No__

A heart murmur?

Yes__ No__

Chest pain with exertion?

Yes__ No__

Irregular heart beat or palpitations?

Yes__ No__

Light-headedness or fainting?

Yes__ No__

Unusual shortness of breath?

Yes__ No__

Cramping pains in legs or feet?

Yes__ No__

Emphysema?

Yes__ No__

Other metabolic disorders (thyroid, kidney, etc.)?

Yes__ No__

Epilepsy?

Yes__ No__

Asthma?

Yes__ No__

Do you have:

Back pain: upper, middle, lower?

Yes__ No__

Other joint pain (explain on back of form)?

Yes__ No__

Muscle pain or an injury (explain on back of Form)?

Yes__ No__

To the best of my knowledge, the above information is true.

Signature _____

Date _____

Witness _____