

Texas Department of Public Safety - Education Training and Research
Physical Activity Readiness Form (PAR-F)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, the seven statements in the box below will tell you if you should check with your doctor before you start the program.

Common sense is your best guide when you consider these statements. Please read the statements carefully and think about whether each one applies to you honestly.

1. Your doctor has ever said that you have a heart condition and that you should only do physical activity recommended by a doctor.
2. You feel pain in your chest when you do physical activity.
3. In the past month, you have had chest pain when you are not doing physical activity.
4. You lose your balance because of dizziness or you have ever lost consciousness.
5. You have a bone or joint problem (for example back, neck, knee, or hip) that could be made worse by a change in your physical activity.
6. Your doctor is currently prescribing drugs (for example, water pills) for your blood pressure or heart condition.
7. You know any other reason why you should not do physical activity.

If one or more of the seven statements applies to you

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-F and which statements apply to you. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

If NONE of the seven statements applies to you, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

PLEASE NOTE: If your health changes so that in the future any of the above statements apply to you, tell your fitness or health professional. Ask whether you should change your physical activity plan.

NOTE: This PAR-F is being given to you prior to your participation in a physical activity program or a fitness appraisal. This section may be used for legal or administrative purposes. You are also asked to complete the back page of the form before participating in any physical activity program.

NOTE: This physical activity form is valid for a maximum of (12) months from the date it is completed. It is your responsibility to consult your doctor if your condition changes so that any of the (7) statements apply to you.

**DPS EMPLOYEE WELLNESS PROGRAM
PHYSICAL ACTIVITY PARTICIPATION AGREEMENT**

I desire to voluntarily participate in a Texas Department of Public Safety (DPS) sponsored employee wellness program event, activity, or service that involves physical activity **and/or** use of the facilities and equipment provided by the State of Texas, through DPS for the purpose of personal physical activity. In consideration of the right and privilege of being permitted to participate in any of the events, activities, and services and/or to have access to and the use of said facilities and equipment:

(Initial next to each statement below)

- _____ I agree to the conditions set forth herein and acknowledge that the voluntary participation in the aforementioned programs and/or access to and use of facilities and equipment is not a condition of employment, is not related to my employment and therefore, my participation in the aforesaid programs and/or use of facilities and equipment, should any injury occur, will not be covered by worker's compensation.

- _____ I acknowledge that I am fully aware that there are risks for certain individuals participating in activities involving physical exertion.

- _____ I affirmatively acknowledge that I have received the DPS Employee Wellness Program Physical Activity Readiness Form provided by DPS. If necessary, I have obtained independent medical approval prior to participating in these programs and/or using these facilities and equipment, for any activities involving physical exertion. I have no knowledge of any physical condition or disease, which would preclude my participation in these programs, and/or use of these facilities or equipment.

- _____ If I become aware by any means whatsoever of any medical problem, physical condition, risk indicator, or disease, which would preclude my participation in these programs, and/or use of these facilities or equipment, I specifically agree to withdraw from the programs and/or discontinue use of these facilities and equipment.

- _____ I agree to notify the building manager and/or wellness program coordinator if I detect any hazards or defects in any of the facilities or equipment to which I am allowed access for these activities.

- _____ I agree to comply with the DPS policies, procedures and guidelines and any directions from DPS Wellness staff when participating in a DPS physical activity programs or using DPS facilities and equipment made available for that purpose.

- _____ I agree to accept full responsibility and hold DPS, DPS employees, and the state of Texas harmless for any injuries sustained while participating in any DPS physical activity program, including instruction or assistance by DPS employees regarding equipment use or physical activity, or using DPS facilities and/or equipment made available for that purpose.

- _____ I understand that if I violate this agreement I may be denied the opportunity to participate in DPS physical activity programs and/or access to and use of DPS facilities and equipment.

In executing the foregoing, I acknowledge and affirm that I have carefully read the same and have obtained a satisfactory explanation of any part thereof that I do not understand.

Agency / Department _____ Date _____

Phone _____ ext. _____

E-mail _____

Printed Name _____

Participant's Signature _____

Sign using PDF
Signature Option.
Submit via email
using button below: