



I P M B A

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 cyclist training exercises without medical clearance. The Par-Q was developed in Canada and is used throughout North America. This is the revised questionnaire (2002). This form must be completed by all those who participate in any on-bike exercises. Please fill this form out and return it as soon as possible to IPMBA, 583 Frederick Road, Suite 5B, Baltimore MD 21228 or 410-744-5504 (fax).

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	
"	"	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
"	"	2. Do you feel pain in your chest when you do physical activity?
"	"	3. In the past month, have you had chest pain when you were not doing physical activity?
"	"	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
"	"	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?
"	"	6. Is your doctor currently prescribing drugs (e.g., water pills) for high blood pressure or heart condition?
"	"	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 in any IPMBA on-bike activities.

Signature: _____

Printed Name: _____



INTERNATIONAL POLICE MOUNTAIN BIKE ASSOCIATION MEDICAL CLEARANCE FORM

Dear Medical Professional:

The patient you are now seeing would like to participate in various on-bike training activities offered by the International Police Mountain Bike Association (IPMBA).

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 Police, EMS, and Security Cyclist Courses; the Public Safety Cyclist II, Survival Tactics & Riding Skills, and Bicycle Rapid Response Courses; and the Instructor Course are physically demanding, requiring an extensive amount of on-bike exercises, in the form of rides (both on- and off-road) and drills. The Bicycle Rapid Response Team Training course requires the use of gas masks during on-bike drills conducted in a simulated gas-contaminated environment. These courses range in duration from three to five days.

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:

Patient's Name: _____

- ” 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:

IPMBA

Attention: Training

IPMBA \$583 Frederick Road \$Baltimore, MD 21228

Phone: 410-744-2400 \$FAX: 410-744-5504

Please send a copy of this completed form to the individual screened. Any questions should be addressed to the Executive Director at maureen@ipmba.org or 410-744-2400.

Thank you for your assistance.