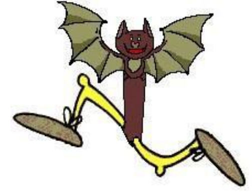
Bere Alston Trekkers (BATs)



Par Q Form (memberships 2017)

Name: ______________________________ Date: ______________________________

Telephone: ___________________________

Date of Birth:__________ Age: _________ Height: ____________ Weight:________

In Case of Emergency Contact: _________________________ Relationship:___________

Address: ______________________________________ Phone: ________________

Doctor: _________________________ Specialty: _______

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 ☐

Epilepsy? Yes ☐ No ☐

Asthma? Yes ☐ No ☐

If yes, please list medications and reasons for taking: ______________________________

Have you 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 ☐
Lightheadedness or do you faint?	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 ☐
Back pain: upper, middle, lower?	Yes ☐	No ☐
Other joint pain (explain below)?	Yes ☐	No ☐
Muscle pain or an injury (explain below)?	Yes ☐	No ☐

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

Signature ______________________________

Date______________________________

Additional information (if applicable):