

Republic of the Philippines  
**Department of Education**  
REGION IV-A CALABARZON



27 February 2024

**Regional Memorandum**  
No.131 s.2024

**CONDUCT OF REGIONAL ACCREDITATION FOR DEPED  
OFFICIATING OFFICIALS**

To **Schools Division Superintendents**

1. In support to the DepEd CALABARZON's thrust of promoting the quality of the Regional Athletic Association Meet, particularly in the management and conduct of competitions for the sports featured in the annual scholastic multi-sports spectacle, this Office through the Education Support Services Division, shall conduct the clustered Regional Accreditation of Technical Officials with the following details:

Cluster	Schedule of Online Orientation	Sports
1	March 13, 2024 8:00 am – 5:00 pm	Tennis,Bocce,GoalBall,Billards,Dance Sports,Futsal
2	March 13, 2024 8:00 am – 5:00 pm	Arnis, Wushu, Archery, Football, Gymnastics/Aero, Sepak Takraw
3	March 20, 2024 8:00 am – 5:00 pm	Volleyball, Basketball, Athletics, Taekwondo, Chess, Table Tennis
4	March 20, 2024 8:00 am – 5:00 pm	Swimming, Baseball, Softball, Wrestling, Pencak Silat, Badminton, ,Boxing

Cluster	Schedule of Written and Practicum	Venue	Sports
1	March 15-16, 2024	San Roque NHS, Antipolo City	Tennis,Bocce,GoalBall,Billard ds,Dance Sports,Futsal
2	March 15-16,2024	Marick Elementary School,Rizal	Arnis, Wushu, Archery, Football, Gymnastics/Aero, Sepak Takraw
3	March 22-23,2024	Lipa Sports Academy Lipa City	Volleyball, Basketball, Athletics, Taekwondo, Chess, Table Tennis



Address: Gate 2, Karangalan Village, Cainta, Rizal  
Telephone No.: 02-8682-2114  
Email Address: region4a@deped.gov.ph  
Website: depedcalabarzon.ph





Certificate No. PHP QMS  
22 93 0085



4	March 22-23,2024	Batangas City East Elementary School, Batangas City	Swimming, Baseball, Softball, Wrestling, Pencak Silat, Badminton, Boxing
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2. Each Division shall send two (2) participants per sport who shall meet the following requirements:
  - a. **Must be 52 years old and below**
  - b. **Must have served and officiated in the Regional Meet, at least in the City/Division Meet and**
  - c. **Must be physically fit to perform the physical fitness tests.**
3. The participants shall present during registration their **approved travel authority** signed by the Schools Division Superintendent (SDS) and **Medical Certificate (physically fit), Accomplished PAR Q and Informed Consent**. Failure to present the said requirements will be grounds for non-accommodation for the activity.
4. Before the practicum and written exam, a series of online discussions on different rules and regulations for each event shall take place, all participants are required to attend the online activity.
5. Further, the participants will attend to the specified SDO. All participants are highly expected to attend on the given schedule for the written and practicum, they are required to wear the appropriate sports attire and bring the necessary sports equipment to be used during the practical sessions of the Accreditation.
6. School heads concerned are highly requested to assign alternate teacher/s to handle the affected classes under DepEd Order No. 9, s. 2005 titled Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance in addition to that.
7. Moreover, teacher participants shall be entitled to **service credits** pursuant to the provisions set under DepEd order No. 53. S 2003 entitled *Updated Guidelines on Grant of Vacation Service Credit to Teachers, and compensatory time off to Teaching-related attendees* such as Head Teachers or School Heads.
8. Travel expenses of the participants shall be charged against Local School funds subject to the usual accounting and auditing rules and regulations, and food and accommodation of the participants shall be charged to Regional Funds.
9. All SDOs through the Division Sports Officer shall send the List of Technical Officials per sports event who will attend the Regional Accreditation per Cluster on or before March 4, 2024, using the enclosed template at e-mail address [essd.calabarzon@deped.gov.ph](mailto:essd.calabarzon@deped.gov.ph). Participants are required to Register Online at <https://forms.gle/nbiTGnuMmshcAEUj8>

10. Participants shall also bring their beddings, pillows, and blankets.
11. Hereunder is the List of Resource Speakers, Division Sports Officers, TWG.
12. For more information or queries, you may contact Dr. Eduarda M. Zapanta, Chief Education Support Services Division (ESSD) and Mr. Joseph Tito N. Ocampo designated Regional Sports Officer at mobile number 09189918285/09954749255.
13. Immediate dissemination of this Memorandum is desired.

  
**ATTY. ALBERTO T. ESCOBARTE, CESO II**  
 Regional Director 

Enclosure 1 to RM No\_\_\_\_ s. 2024

**REGIONAL MANAGEMENT TEAM**

<b>Name</b>	<b>Division</b>
Alberto T. Escobarte	Regional Director
Loida N. Nidea	Asst. Regional Director
Eduarda M. Zapanta	Chief-ESSD
Joseph Tito N. Ocampo	Regional Sports Officer

**LIST OF RESOURCE SPEAKERS**

<b>Names</b>	<b>Events</b>	<b>Schools Division Office</b>
Mildred M. De Leon	Archery	Calamba City
Ardie Cordero	Arnis	Rizal
Roderick C. Tobias	Athletics	Laguna
Nilo C. Portinto	Athletics	San Pablo City
Rex Alejandro	Badminton	Antipolo City
Edgardo Ocampo	Baseball	Rizal
Juanito Hombrebueno	Basketball	Batangas Prov.
Ronald Mendiola	Billiard	Lucena City
Jerwin Arpia	Boxing	Tayabas City
Nelson R. Umali	Chess	Laguna
Jeffrey Cabuyao	Football	Laguna
Carliz Ebio	Futsal	Antipolo City
Amihan R. Fenis	RG	Rizal
Eliza B. Layugan	WAG	Dasmariñas City
Gina A. Buena	MAG	Antipolo City
Annete Diamante	Aero Gymnastics	Quezon
Erwin Acorda	Sepak takraw	Antipolo City
Noli G. San Juan	Softball	Laguna
Aprilito C. de Guzman	Swimming	Batangas Prov.
Antonino Palaganas	Table tennis	Batangas Prov.
Shirley C. Evangelista	Taekwondo	Quezon
Ricardo David III	Tennis	Imus
Melinda G. Calumaya	Volleyball	Dasmariñas City
Imelda Abarca	Wushu	Lucena City
Renato Dapena	Wrestling	Antipolo City
Felmor D. De Rosas	Goal Ball	Antipolo City
Josela Velasco	Bocce	San Pablo City
Maria Dona Cosejo	Dance Sport	Quezon
Llooyd Gener G. Pallan	Pencak Silat	Quezon

Enclosure 2 to RM No\_\_\_\_ s. 2024

### EDUCATION PROGRAM SUPERVISORS IN CHARGE OF SPORTS MONITORING

<b>Names</b>	<b>Schools Division Office</b>	<b>Events</b>
Arnel T. Buena	Antipolo City	Billard
Michael Acuna	Bacoor City	Bocce/ Goal Ball
Jimmy J. Morillo	Batangas Province	Volleyball
Nicolas A. Asi	Batangas City	Boxing
Gertrude A. Anunciacion	Biñan City	Archery
Ronnie Villanueva	Cabuyao City	Athletics
Joel I. Libranda	Calamba City	Badminton
Joel O. Peregrino	Cavite Province	Basketball
Annaliza T. Fernandez	Cavite City	Aero Gymnastics/MAG
Michael M. De Guzman	Dasmariñas City	Softball
Chereyna R. Guantia	General Trias City	Gymnastics RG/WAG
Marciano V. Valles	Imus City	Athletics
Judith V. Clemente	Laguna	Table Tennis
Roland Diaz	Lipa City	Wrestling
Joey L. Jader	Lucena City	Swimming
Joan Alejaida R. Mauhay	Quezon	Sepak Takraw
Benito L. Picones	Rizal	Arnis
Lerma M. Baldonado	San Pablo City	Tennis
Marites R. Martinez	San Pedro City	Taekwondo
Mario V. Zantua	Santa Rosa City	Football
Florentino A. Lara	Sto. Tomas City	Wushu
Julius Rhyen M. Quine	Tanauan City	Baseball
Maria Corazon Borbon	Tayabas City	Chess

### TECHNICAL WORKING GROUP

#### 1. PLANNING COMMITTEE

<b>Designation</b>	<b>Name</b>	<b>Division</b>
<b>Chairperson</b>	Alberto T. Escobarte, CESO II	Regional Office
<b>Co-Chairperson</b>	Eduarda M. Zapanta	Regional Office
	Lerma L. Flandez	OIC-SDS Antipolo City
	Doris DJ. Estalilla	SDS Rizal Province
	Hermogenes M. Panganiban	SDS Batangas City
	Felizardo O. Bolanos	SDS Lipa City
<b>Co-Chairperson</b>	Joseph Tito N. Ocampo	Regional Office
<b>Members</b>	Arnel Buena	Antipolo City
	Benito Picones	Rizal Province
	Nicolas Asi	Batangas City
	Roland Diaz	Lipa City

**2. FINANCE COMMITTEE**

<b>Chairperson</b>	Marites L. Gloria	Regional Office
<b>Co-Chairperson</b>	Laarni A. Evaristo	Regional Office
<b>Members</b>	Joie R. Bautista	Lipa City
	Madonna M. Eborra	Batangas City
	Ragaam de la Cruz	Antipolo City
	Sophie S.A. Francisco	Rizal Province

**3. REGISTRATION AND ATTENDANCE COMMITTEE**

<b>Chairperson</b>	Eunice Valencia	Regional Office
<b>Co-Chairperson</b>	Aileen Martinez	Rizal Province
	AnaMarie D. Limbo	Lipa City
<b>Members</b>	Angelica Sarmiento	Lipa City
	Aurora Flores	Rizal Province

<b>Chairperson</b>	Marivic P. Pedrialva	Regional Office
<b>Co-Chairperson</b>	Rosa T. Tayamora	Antipolo City
	Fe M. Fallurin	Batangas City
<b>Members</b>	Jesric Brian F. Panaligan	Batangas City
	Rhodora G. Avilado	Antipolo City

**4. PROGRAMME COMMITTEE**

<b>Chairperson</b>	Jamaica Rose G. Rolloque Orena	Regional Office
<b>Co-Chairperson</b>	Marilou M. Ventura	Rizal Province
	Glend a A. Sambayan	Lipa City
<b>Members</b>	Rey Uriel Domalaon	Lipa City
	Corina Condez	Rizal Province

<b>Chairperson</b>	Annaliza T. Araojo	Regional Office
<b>Co-Chairperson</b>	Jennet C. Maalindog	Antipolo City
	Maria Vinnah C. Delgado	Batangas City
<b>Members</b>	Rossana P. Bangon	Batangas City
	Charmie Rose G. Sintios	Antipolo City

**5. FOOD COMMITTEE**

<b>Chairperson</b>	Johnalen Aira S. Soberano	Regional Office
<b>Co-Chairperson</b>	Frlicidad Rasco	Rizal Province
	Elvie M. Malaluan	Lipa City
<b>Members</b>	Teresita Brucal	Lipa City

	Maritess Raga	Rizal Province
<b>Chairperson</b>	Johnalen Aira S. Soberano	Regional Office
<b>Co-Chairperson</b>	Melanie Burgonia	Antipolo City
	Aurea P. Ocon	Batangas City
<b>Members</b>	Herman A. Catapang	Batangas City
	Anna Maria G.Rivas	Antipolo City

#### 6. MEDICAL COMMITTEE

<b>Chairperson</b>	Pearl Oliveth S. Intia	Regional Office
<b>Co-Chairperson</b>	Farah Villapando	Rizal Province
	Clara Catherine alcain	Lipa City
<b>Members</b>	Perla Vicenta M. de Castro	Lipa City
		Rizal Province

<b>Chairperson</b>	Pearl Oliveth S. Intia	Regional Office
<b>Co-Chairperson</b>	Anna liza F. Rabo	Antipolo City
	Belinda D. Sabellano	Batangas City
<b>Members</b>	Janize M. Untalan	Batangas City
	Lita Notez	Antipolo City

#### 7. ACCOMMODATION AND DECORATION COMMITTEE

<b>Chairperson</b>	Anjo H. Raqueno	Regional Office
<b>Co-Chairperson</b>	Melchor Tagudando	Rizal Province
	Shella M. Masilang	Lipa City
<b>Members</b>	Marissa M. Manguait	Lipa City
	Guillermo Gomez	Rizal Province

<b>Chairperson</b>	James Mattwill E. Abalos	Regional Office
<b>Co-Chairperson</b>	Renato B. Pantoja Jr.	Antipolo City
	Melba M. Mercado	Batangas City
<b>Members</b>	Guillerma P. Davalos	Batangas City
	Angelita G. Dayo	Antipolo City

#### 8. SUPPLY AND EQUIPMENT COMMITTEE

<b>Chairperson</b>	Ramil Ginete	Regional Office
<b>Co-Chairperson</b>	Xavier Mendiola	Rizal Province
	Leah Marie Monica K. Lumbres	Lipa City
<b>Members</b>	Paul Eric Arellano	Lipa City
	Virgilio Golla	Rizal Province

<b>Chairperson</b>	Ramil Ginete	Regional Office
<b>Co-Chairperson</b>	Veronica G. Pablo	Antipolo City
	Tristan Jude A. Asis	Batangas City
<b>Members</b>	Joel M. Arcardo	Batangas City
	Jesus L. Alasco	Antipolo City

**9. SECURITY COMMITTEE**

<b>Chairperson</b>	Wilbert C. Ulpindo	Regional Office
<b>Co-Chairperson</b>	Alvin Barda	Rizal Province
	Raymund P. Bautista	Lipa City
<b>Members</b>	Roldan Lumbera	Lipa City
	Ruben Salvante	Rizal Province

<b>Chairperson</b>	Edilberto A. Damiles Jr.	Regional Office
<b>Co-Chairperson</b>	Joseph Bryan T. Mendiola	Antipolo City
	Prince Alaric M. Upo	Batangas City
<b>Members</b>	Roben E. Mendez	Batangas City
	PNP	Antipolo City





**REGISTRATION FORM**

**LIST OF PARTICIPANTS (CLUSTER 1)**

DIVISION: _____		
SPORT	NAME OF PARTICIPANT	SCHOOL
ARNIS		
ARCHERY		
AERO GYMNASTICS		
FOOTBALL		
GYMNASTICS		
SEPAK TAKRAW		
WUSHU		



## REGISTRATION FORM

### LIST OF PARTICIPANTS (CLUSTER 1)

DIVISION: _____		
SPORT	NAME OF PARTICIPANT	SCHOOL
BILLARDS		
BOCCE		
DANCE SPORT		
FUTSAL		
GOALBALL		
TENNIS		



## REGISTRATION FORM

### LIST OF PARTICIPANTS (CLUSTER 2)

DIVISION: _____		
SPORT	NAME OF PARTICIPANT	SCHOOL
ATHLETICS		
BASKETBALL		
CHESS		
TABLE TENNIS		
TAEKWONDO		
VOLLEYBALL		



## REGISTRATION FORM

### LIST OF PARTICIPANTS (CLUSTER 2)

DIVISION: _____		
SPORT	NAME OF PARTICIPANT	SCHOOL
BADMINTON		
BASEBALL		
BOXING		
PENCAK SILAT		
SOFTBALL		
SWIMMING		
WRESTLING		

The abovelisted personnel are certified to have served at the Regional and or Division level and met all other requirements necessary for the Accreditation.

Recommended by:

Approved by:

\_\_\_\_\_  
Division Sports Officer

\_\_\_\_\_  
Schools Division Superintendent





## **INFORMED CONSENT FOR FITNESS TESTING ACCREDITATION OF TECHNICAL OFFICIALS**

**Name of Participant:** \_\_\_\_\_

The purpose of the test is to evaluate your cardiorespiratory fitness to determine your readiness and physical capacity for performing your role as a sports officiating official while reducing your risk for injury.

The cardiorespiratory fitness test involves a submaximal test, either the Rockport walk test that requires brisk walking for one mile or a 20-meter Multi-stage test that requires running a series of 20-meter shuttle runs with a starting speed of 8.5 km/hr—and increasing by 0.5 km/hr. in the next level. There are 23 levels, each lasting approximately 1 minute but a participant may withdraw/is asked to withdraw at any time if s/he can no longer keep up with the required pace.

I understand that I am responsible for monitoring my own condition throughout the tests. In the event unusual symptoms occur, I will cease my participation and inform the test administrator of my symptoms.

By signing this consent form, I confirm that I have read it in its entirety and that I understand the description of the test. I also affirm that my questions regarding the fitness test have been answered to my satisfaction. In the event that a medical clearance form signed by my physician is required, I agree to consult with my physician prior to participating in the fitness test.

Additionally, I agree to assume the risk of such testing and further agree to absolve from any liabilities the Department of Education and the *DepEd CALABARZON*, including its resource persons for conducting such testing from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the testing program.

**Signature of Participant:** \_\_\_\_\_



# 2023 PAR-Q+

## The Physical Activity Readiness Questionnaire for Everyone






The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

### GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 If you answered NO to all of the questions above, you are cleared for physical activity.

Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

#### PARTICIPANT DECLARATION


If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.




NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

 If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

#### Delay becoming more active if:

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at [www.eparmedx.com](http://www.eparmedx.com) before becoming more physically active.
-  Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.



# 2023 PAR-Q+

## FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

### 1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** ☐ go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES ☐ NO ☐
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES ☐ NO ☐

### 2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** ☐ go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES ☐ NO ☐
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES ☐ NO ☐

### 3. Do you have a Heart or Cardiovascular Condition? This Includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** ☐ go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES ☐ NO ☐
- 3c. Do you have chronic heart failure? YES ☐ NO ☐
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES ☐ NO ☐

### 4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** ☐ go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES ☐ NO ☐

### 5. Do you have any Metabolic Conditions? This Includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** ☐ go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES ☐ NO ☐
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES ☐ NO ☐
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES ☐ NO ☐
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES ☐ NO ☐
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES ☐ NO ☐



# 2023 PAR-Q+

6. **Do you have any Mental Health Problems or Learning Difficulties?** This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** ☐ go to question 7

- 6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

- 6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES ☐ NO ☐

7. **Do you have a Respiratory Disease?** This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** ☐ go to question 8

- 7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

- 7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES ☐ NO ☐

- 7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES ☐ NO ☐

- 7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES ☐ NO ☐

8. **Do you have a Spinal Cord Injury?** This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** ☐ go to question 9

- 8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

- 8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES ☐ NO ☐

- 8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES ☐ NO ☐

9. **Have you had a Stroke?** This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** ☐ go to question 10

- 9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

- 9b. Do you have any impairment in walking or mobility? YES ☐ NO ☐

- 9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES ☐ NO ☐

10. **Do you have any other medical condition not listed above or do you have two or more medical conditions?**

If you have other medical conditions, answer questions 10a-10c

If **NO** ☐ read the Page 4 recommendations

- 10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES ☐ NO ☐

- 10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES ☐ NO ☐

- 10c. Do you currently live with two or more medical conditions? YES ☐ NO ☐

**PLEASE LIST YOUR MEDICAL CONDITION(S)  
AND ANY RELATED MEDICATIONS HERE:**

**GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.**



# 2023 PAR-Q+



**If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

- ▶ It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- ▶ You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- ▶ As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- ▶ If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.



**If you answered YES to one or more of the follow-up questions about your medical condition:**

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at [www.eparmedx.com](http://www.eparmedx.com) and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.



**Delay becoming more active if:**

- ✔ You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- ✔ You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at [www.eparmedx.com](http://www.eparmedx.com) before becoming more physically active.
- ✔ Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

## PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

For more information, please contact

[www.eparmedx.com](http://www.eparmedx.com)  
Email: [eparmedx@gmail.com](mailto:eparmedx@gmail.com)

### Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 4(2):3-23, 2011.

### Key References

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3. Chisholm DM, Collins ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. *British Columbia Medical Journal*, 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Canadian Journal of Sport Science* 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.