



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Negros Oriental

**Office of the Schools Division
Superintendent**

DIVISION MEMORANDUM
No. 906, s. 2023

27 DEC 2023

ACCREDITATION OF TECHNICAL OFFICIALS

- To: Assistant Schools Division Superintendents
Chiefs, CID and SGOD
Division Education Program Supervisor/Education Program Supervisor
Project Development Officer
Public Schools District Supervisors, District-in-Charge, District Caretakers
Elementary and Secondary School Heads
Teaching and Non-teaching Personnel
All Others Concerned
1. Attached is a Regional Memorandum No. 966, s.2023 entitled "Accreditation of Technical Officials" to be conducted by the Palarong Pambansa Secretariat by Cluster in various schedules and venues.
 2. Participants are hereby reminded to bring along the **approved Travel Authority** signed by the Schools Division Superintendent (SDS) and **Medical Certificate** (physically fit) to be presented during the registration. Failure to present the said requirements will be grounds for non-accommodation to the activity.(See attached list of participants)
 3. For more information, see the attached communication.
 4. Travel and other incidental expenses incurred by the participants shall be charged to Division/School MOOE or Local Funds subject to the usual government auditing rules and regulations.
 5. Immediate dissemination of and compliance with this memorandum is desired.


NERI C. OQUASTRO EdD, CESO V
Schools Division Superintendent

12/22/23

NCO/JMA-MKP-NLR/SGOD/REP/rgt



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Republic of the Philippines
Department of Education
 REGION VII - CENTRAL VISAYAS

Office of the Regional Director

27 DEC 2023

REGIONAL MEMORANDUM

No. **966** s. 2023

ACCREDITATION OF TECHNICAL OFFICIALS

To: Schools Division Superintendents
 Assistant Schools Division Superintendents
 All Others Concerned

1. In line with the Department of Education Memorandum OUOPS No. 2023-02-11071 signed by Usec. Revsee A. Escobedo, Undersecretary for Operations, entitled "Accreditation of Technical Officials", the Palarong Pambansa Secretariat shall conduct a clustered Accreditation of Technical Officials with the following details:



Cluster	Schedule	Venue	Regions	Sports Events
1	Jan. 09-12, 2024	Lingayen, Pangasinan	CAR, I, II, III, IV-A, IV-B, V, NCR	Archery, Arnis, Athletics, Badminton, Basketball, Billiards, Dancesports, Futsal, Gymnastics (MAG&RG), Paragames (Athletics &Swimming) Softball, Tennis, Wushu
2	Jan. 23-26, 2024	Lingayen, Pangasinan	CAR, I, II, III, IV-A, IV-B, V, NCR	Baseball, Boxing, Chess, Football, Gymnastics (Aero & WAG), Paragames (Bocce & Goalball) Pencak Silat, Sepak Takraw, Swimming, Table Tennis, Taekwondo, Volleyball, Wrestling
3	Jan. 30-Feb. 02, 2024	Iloilo City	VI, VII, VIII, IX, X, XI, XII, CARAGA, BARMM	Archery, Arnis, Athletics, Badminton, Basketball, Billiards, Dancesports, Futsal, Gymnastics (MAG&RG), Paragames (Athletics &Swimming) Softball, Tennis, Wushu
4	Dec. 27-30, 2023	Iloilo City	VI, VII, VIII, IX, X, XI, XII, CARAGA, BARMM	Baseball, Boxing, Chess, Football, Gymnastics (Aero & WAG), Paragames (Bocce & Goalball) Pencak Silat, Sepak Takraw, Swimming, Table Tennis, Taekwondo, Volleyball, Wrestling

2. Participants in this activity are the identified technical officials endorsed by the Tournament Managers and the Division Sports Coordinators. Approved Travel Authority signed by Schools Division Superintendent (SDS) and Medical Certificate (physically fit) shall be presented during the registration. Failure to present the said requirements will be grounds for non-accommodation to the activity. (see attached list of participants)



Dofia M. Gaisano St., Sudlon, Lahug, Cebu City

3. For more information, see the attached communication.
4. Travel and other incidental expenses incurred by the participants shall be charged to Division/School MOOE or Local Funds subject to the usual government auditing rules and regulations.
5. Immediate dissemination of and compliance with this Memorandum is directed.


SALUSTIANO T. JIMENEZ JD, EdD, CESO V
Director IV 
Regional Director



Republic of the Philippines
Department of Education
Region VII, Central Visayas

ACCREDITATION OF TECHNICAL OFFICIALS

Cluster	EVENT	Name of Participants	Division
Cluster 3	Archery	HERACLEO V. PATRIMONIO	Dumaguete City
Cluster 3		ADONES TAMBIS	Cebu City
Cluster 3		WELVEN ESPINOSA	Talisay City
Cluster 3	Arnis	ROLDAN MEJIAS	Bohol Province
Cluster 3		ARNEL GERAT	Cebu Province
Cluster 3		JONNAH PONGASI	Lapulapu City
Cluster 3	Athletics	Blessel Jane Baron	Cebu City
Cluster 3		GENEVEVE D. ARBOLERAS	Bohol Province
Cluster 3		Joseph Bryan Bagood	Siquijor
Cluster 3	Badminton	MELANIE E TECSON	Cebu City
Cluster 3		RITCHIE L ILLAGA	Cebu City
Cluster 3		HARRY A. VIDAL	Negros Oriental
Cluster 3	Basketball	Jason E. Curiba	Bohol Province
Cluster 3		Gino Ray Raiz	Cebu City
Cluster 3		Jo Mar Mari	Mandaue City
Cluster 3	Billiards	OMAR Y Ylanan	Cebu City
Cluster 3		Julie Y. Enerlas	Bogo City
Cluster 3		Hywell M. Ramacho	Dumaguete City
Cluster 3	Dancesports	Mary Ann Mata	Lapulapu City
Cluster 3		Mary Ann Dumaran	Cebu City
Cluster 3		Glenn Intong	Lapulapu City
Cluster 3	Futsal	GAUDIOSO G. GAITERA JR	Negros Oriental
Cluster 3		RULYBETHO S. GALAN	Bohol Province
Cluster 3		Raymund A. Santillan	Negros Oriental
Cluster 3	Gymnastics MAG	MARY RUTH CABAUG	Cebu Province
Cluster 3		MARICEL MACAPAS	Mandaue City
Cluster 3		MARIEJOY PILLONAR	Mandaue City
Cluster 3	Gymnastics RG	LOVELY ROSE ADLAWAN BECALAS	Mandaue City
Cluster 3		LUSSEL INTRINA	Talisay City
Cluster 3		JASMIN SENO	Mandaue City
Cluster 3	Paragames (Athletics)	Santiago V. Sereño	Mandaue City
Cluster 3		Malbert Bucog	Mandaue City
Cluster 3		JEAN REA O. ELABA	Bohol Province
Cluster 3	Softball	Rosalinda G. Butcon	Bohol Province
Cluster 3		Jackson Genolaga	Cebu City
Cluster 3		Geraldine Paslon	Bohol Province
Cluster 3	Tennis	Charles Dimalig	Siquijor
Cluster 3		Franklin Erojo	Negros Oriental
Cluster 3		Rene Borgonia	Cebu Province
Cluster 3	Wushu	MARIO S. CASINILLO	Cebu City
Cluster 3		HAROLD G. ESPARES	Negros Oriental
Cluster 3		RAMIL E. CEPEDOZA / Robert Botero	Bohol Province



Republic of the Philippines
Department of Education
Region VII, Central Visayas

ACCREDITATION OF TECHNICAL OFFICIALS

Cluster	EVENT	Name of Participants	Division
Cluster 4	Baseball	Luciano Inting	Bohol Province
Cluster 4		Al Richard Caballes	Cebu City
Cluster 4		Roger Largosa	Carcar City
Cluster 4	Boxing	ADEMAR FAMADOR	Cebu City
Cluster 4		JERSON VITO	Bohol Province
Cluster 4		JUDY CAROLLO	Negros Oriental
Cluster 4	Chess	Romeo Poloyapoy	Toledo City
Cluster 4		Oliver Arcillas	Tagbilaran City
Cluster 4		Rafael Hora	Bohol Province
Cluster 4	Football	Juan Torregosa	Bohol Province
Cluster 4		Archie Reyes	Cebu City
Cluster 4		Mariano Diongo	Negros Oriental
Cluster 4	Gymnastics Aero	Psyche C. Mascardo	Dumaguete City
Cluster 4		Marissa Abella	Dumaguete City
Cluster 4		Vanie Grace S. Agus	Mandaue City
Cluster 4	Gymnastics WAG	ROWENA MAYOL	Mandaue City
Cluster 4		CLAUDITH ZAPANTA	Cebu City
Cluster 4		AIZA MELECIO TIBON	Cebu Province
Cluster 4	Paragames (Bocce & Goalball)	John Autoroza	Bohol Province
Cluster 4		Juneth G. Armentado	Negros Oriental
Cluster 4		Lilibeth Malolot	Naga City
Cluster 4	Pencak Silat	Geretz Val R. Remperas	Bohol Province
Cluster 4		Marvin C. Jumalon	Cebu City
Cluster 4		CLIRESSA MAY M. ALAGAD	Negros Oriental
Cluster 4	Sepak Takraw	Nedilco R. Pagbunocan	Dumaguete City
Cluster 4		Daniel Sabior	Bohol Province
Cluster 4		Olimpio B. Mantua Jr	Cebu Province
Cluster 4	Swimming	JUNEVIR I. CABRERA	Bohol Province
Cluster 4		Rowena Rodrigo	Cebu City
Cluster 4		BENJIE V. ANO-OS	Cebu Province
Cluster 4	Table Tennis	Delia S. Barcenias	Carcar City
Cluster 4		Nicodemo M. Ponce	Cebu Province
Cluster 4		Joseph C. Lincuna	Bohol Province
Cluster 4	Taekwondo	GRACE ARNIBAL	Cebu City
Cluster 4		EDSEL URSAL	Cebu Province
Cluster 4		LEY BARRO	Negros Oriental
Cluster 4	Volleyball	NOEL L. BAYNO	Dumaguete City
Cluster 4		Columbos Patentes	Cebu City
Cluster 4		Arnel A. Aventuna	Cebu Province
Cluster 4	Wrestling	RAPHY CABIJE	Cebu City
Cluster 4		LOUIE XAVIER Y. CALVO	Cebu Province
Cluster 4		RONNELLE THURSDAY SANCHO	Bohol Province



Republic of the Philippines
Department of Education
OPERATIONS

OUOPS No. 2023 01 0077

MEMORANDUM

TO **REGIONAL DIRECTORS**
SCHOOLS DIVISION SUPERINTENDENTS
REGIONAL AND DIVISION SPORTS OFFICERS
ALL OTHERS CONCERNED

FROM **ATTY. REVSEE A. ESCOBEDO**
Undersecretary for Operations
Officer in Charge, Office of the Assistant Secretary for Operations

SUBJECT **Accreditation of Technical Officials**

DATE 23 November 2023

In support to the Department of Education's (DepEd) thrust of promoting the quality of the *Palarong Pambansa* particularly the management and conduct of the competitions for the sports featured in the annual scholastic multi sports spectacle, this Office, through the *Palarong Pambansa* Secretariat, shall conduct the clustered **Accreditation of Technical Officials** with the following details:

Cluster	Schedule	Venue	Participating Regions	Sports
1	Jan. 09 – 12, 2024	Lingayen, Pangasinan	CAR, I, II, III, IV-A, IV-B, V, NCR	Archery, Arnis, Athletics, Badminton, Basketball, Billiards, Dancesport, Futsal, Gymnastics (MAG & BG), Paragames (Athletics & Swimming), Softball, Tennis, Wushu
2	Jan. 23 – 26, 2024	Lingayen, Pangasinan	CAR, I, II, III, IV-A, IV-B, V, NCR	Baseball, Boxing, Chess, Football, Gymnastics (AER & WAG), Paragames (Bocce & Goalball), Pencak Silat, Sepak Takraw, Swimming, Table Tennis, Taekwondo, Volleyball, Wrestling



3	Jan. 30 – Feb. 02, 2024	Iloilo City	VI, VII, VIII, IX, X, XI, XII, CARAGA, BARMM	Archery, Arnis, Athletics, Badminton, Basketball, Billiards, Dancesport, Futsal, Gymnastics (MAG & RG), Paragames (Athletics & Swimming), Softball, Tennis, Wushu
4	Dec. 27 – 30, 2023	Iloilo City	VI, VII, VIII, IX, X, XI, XII, CARAGA, BARMM	Baseball, Boxing, Chess, Football, Gymnastics (AER & WAG), Paragames (Bocce & Goalball), Pencak Silat, Sepak Takraw, Swimming, Table Tennis, Taekwondo, Volleyball, Wrestling

The Accreditation aims to:

- Assess the knowledge, understanding, and fitness of the participating technical officials in officiating through the administration of written, practical, and physical fitness test;
- Educate the participants about ethical considerations, professionalism, and the code of conduct they are expected to execute; and
- Update the participants on the current trends and latest rule changes, technological advancements, and best practices in their respective sport.

Each region shall send **three (3) participants per sports** who shall meet the following requirements:

- Must be **52 years old and below**;
- Must have **served and officiated in the Palarong Pambansa**, at least in the **regional meet**; and
- Must be **physically fit** to perform the physical fitness tests.

The list of regional participants shall be sent, through the respective Regional Sports Officers (RSOs), using the enclosed template at email address palarong.pambansa@deped.gov.ph. Pregnant women and those unfit to undergo physical activities shall not be accommodated to the Accreditation.

Participants shall present during registration their **approved Travel Authority** signed by the Regional Director and/or Schools Division Superintendent (SDS) and **Medical Certificate** (physically fit). Failure to present the said requirements will be grounds for non-accommodation to the activity.

Further, participants are requested to wear the appropriate sports attire and bring the necessary sports equipment to be used during the practical sessions of the Accreditation.

Participants are expected to arrive at and depart from the venue on the scheduled dates. Please take note of the schedule of the first and last meals per cluster, as follows:

Cluster	Arrival		Departure	
	Date/Time	First Meal	Date/Time	Last Meal
1	January 08, 2024 at 2:00 p.m.	Dinner	January 12, 2024 at 2:00 p.m.	PM Snacks
2	January 22, 2024 at 2:00 p.m.	Dinner	January 26, 2024 at 2:00 p.m.	PM Snacks
3	January 30, 2024 at 8:00 a.m.	Breakfast	February 02, 2024 at 2:00 p.m.	Dinner
4	December 27, 2023 at 8:00 a.m.	Breakfast	December 30, 2023 at 2:00 p.m.	Dinner

All participants are encouraged to attend and finish the Accreditation course, from Day 1 up to the last day, to be eligible to receive the Certificate of Accreditation.

All concerned are enjoined to authorize the attendance of their region's respective participants to the Accreditation. However, the schools division offices, through the school heads, shall ensure that a substitute teacher will take over the classes in the absence of their respective teaching personnel who will participate in the Accreditation to prevent disruption of classes.

Moreover, 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 Credits to Teachers*.

Expenses relative to the conduct of the Accreditation of Technical Officials such as food and accommodation of the management staff, resource persons/accreditors, and participants shall be charged against the 2023 (Continuing) Physical Fitness and School Sports (PFSS) Funds. Travel expenses of the management staff and resource persons/accreditors are chargeable against the PFSS Funds while travel expenses of participants shall be charged against their respective local funds. All aforementioned expenses to be incurred are subject to the usual government accounting and auditing rules and regulations.

For more information, you may contact the **Palarong Pambansa Secretariat** at telephone number (02) 8687-4146 or through its official email address palarong.pambansa@deped.gov.ph.

Immediate and wide dissemination of this Memorandum is desired.



PALARONG PAMBANSA SECRETARIAT

LIST OF PARTICIPANTS (Cluster 4)

ACCREDITATION OF TECHNICAL OFFICIALS

REGION:		
Sport	Name of Participant	Division
Baseball	1.	
	2.	
	3.	
Boxing	1.	
	2.	
	3.	
Chess	1.	
	2.	
	3.	
Football	1.	
	2.	
	3.	
Gymnastics (Aerobic)	1.	
	2.	
	3.	
Gymnastics (Women's Artistic)	1.	
	2.	
	3.	
Paragames (Bocce & Goalball)	1.	
	2.	
	3.	
Pencak Silat	1.	
	2.	
	3.	
Sepak Takraw	1.	
	2.	
	3.	
Swimming	1.	
	2.	
	3.	



PALARONG PAMBANSA SECRETARIAT
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 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 *Palarong Pambansa* Secretariat, 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: _____

Date: _____


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 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 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 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
Email: eparmedx@gmail.com

Citation for PAR-Q+

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Key References

- Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation, background and overall process. APNM 36(5):53-513, 2011.
- Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance. Consensus Document. APNM 36(5):5266-5298, 2011.
- Chisholm DM, Collis ML, Kulak LL, Davenport WJ and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.
- 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.

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