

## Figure 2. PASQ Interpretation Form

Participant's Name: \_\_\_\_\_

Medical Clearance Needed:  No  Yes

If yes, Medical Clearance is needed for this participant for the following reason(s):

- Inactive **and** checked at least one item in either Section 2 or Section 3
- Active **and** checked at least one item in Section 2 and wants to begin in vigorous intensity activity
- Active **and** checked at least one item in Section 3

Action	Date
Copy of PASQ and Medical Clearance form given to participant on	
Completed/signed Medical Clearance form received	

Reviewed and Interpreted By: \_\_\_\_\_

Name of Exercise Professional

\_\_\_\_\_

Date