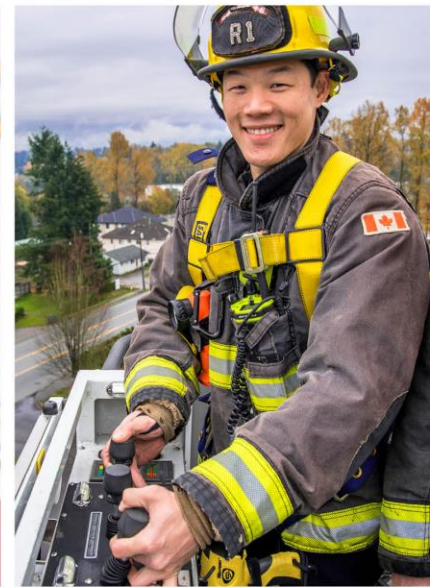


COMMUNITY | INNOVATION | INTEGRITY | SERVICE | TEAMWORK



FIREFIGHTER PHYSICAL ABILITIES TESTING GUIDE

2025



Firefighter Physical Abilities Testing Guide

This guide has been developed to introduce you to the Surrey Fire Service (SFS) firefighter candidate physical abilities testing component of the recruitment process. The test consists of a series of tasks designed to assess important physical abilities necessary for effective job performance as a firefighter. These tasks were developed to mirror real situations that firefighters encounter on the job. These tasks represent basic skills that do not require training or previous experience as a firefighter to successfully complete.

The selection process for firefighters is very competitive. Although you are not required to read or use this guide, we encourage you to do so. The more prepared you are, the more likely you are to pass the test. There will be minimal instruction given during the testing process.

There are nine job-related physical ability test components that are individually timed. The following is an overview of the components/stations:

- Station 1: Confined Space
- Station 2: The Aerial Climb
- Station 3: Sled Drag
- Station 4: 10.67M (35') Ladder Extension simulation
- Station 5: Tower Climb
- Station 6: Hose Roll Raise
- Station 7: Hydrant Kit Carry
- Station 8: Hose Advance
- Station 9: Storz Roll Carry

The following points should help to familiarize you with what will take place on the day of the test:

- Applicants are strongly encouraged to wear athletic shoes and appropriate clothing. You will be performing physical acts that demonstrate strength, agility, and endurance, and it is important to be outfitted in attire that does not hinder your performance. **You will be required to wear a 22.7kg (50lb) weight vest to simulate the weight of a fire fighter's personal protective equipment.**
- Protective gloves will be provided at the test site for your use.
- All nine components of the PAT will be timed. Each test has a cut-off score and failure to complete that station in the allowed time will result in disqualification. You will only move to the next station if the task is completed properly and within the allotted time. **There will be no second chances or "do-overs".**

- Test Officiators will be assigned to time you while on the course. The Officiator will call out running times to assist you with your pacing. The Officiator will set the pace between stations. **There will not be time for rest or water breaks.**
- You must keep up and be ready to start the next station when told to do so. If you do not keep up or it is apparent that you are trying to extend the time between stations, you will receive a warning to keep pace. After two warnings you will be removed from the testing process.
- You will be allowed as much time as needed to complete each individual component within the maximum allotted time. How quickly you complete each task is not important if you complete it under the allotted time. Pay careful attention to the instruction of the test monitor. **Two instances of not following instructions during testing will result in elimination from the testing.**
- A candidate who does not pass the physical test on their first attempt because of a prop failure may request a second attempt. Second attempts will take place on the same day.
- If you look to be going into medical distress of any kind during the test, we reserve the right to stop the test for your own safety.
- It is the expectation of the Surrey Fire Service that this orientation guide will provide you with enough information to prepare for and succeed. The nine events that compose the Physical Fitness Test are outlined for you on the following pages. You will be given an opportunity to ask questions about test stations during the check in process.

On the Day of Testing

Candidates should arrive 15 minutes prior to their scheduled start time to start the check in process. Please bring with you the following:

- Valid photo identification
- The completed Surrey Fire Service Physical Fitness Testing – Medical Clearance Form. **This form must be signed by a physician.** The medical clearance form is available at the end of this document.
- A completed PAR-Q & YOU questionnaire. The PAR-Q is attached at the end of this document.

Station 1: Confined Space

The objective of this task is to ensure you are comfortable working in restricted working spaces and low visibility conditions.

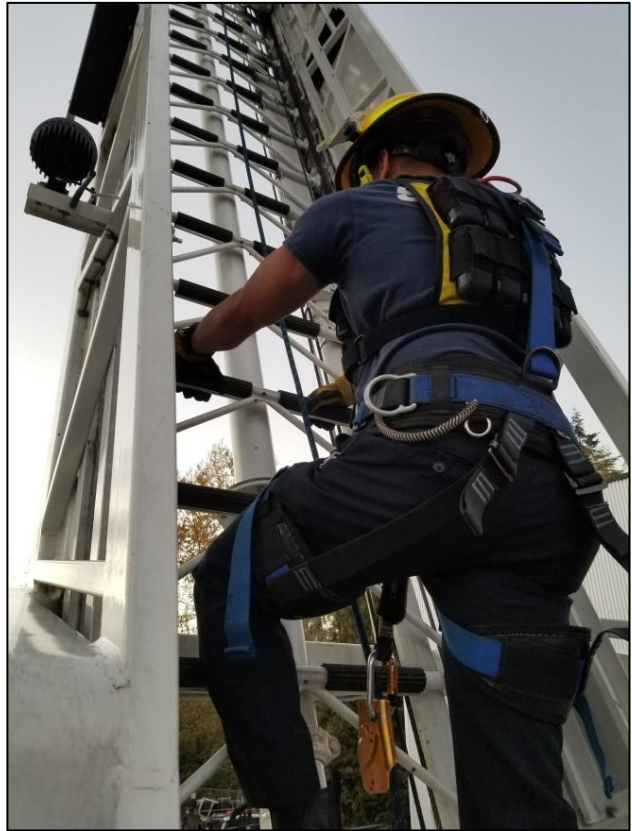
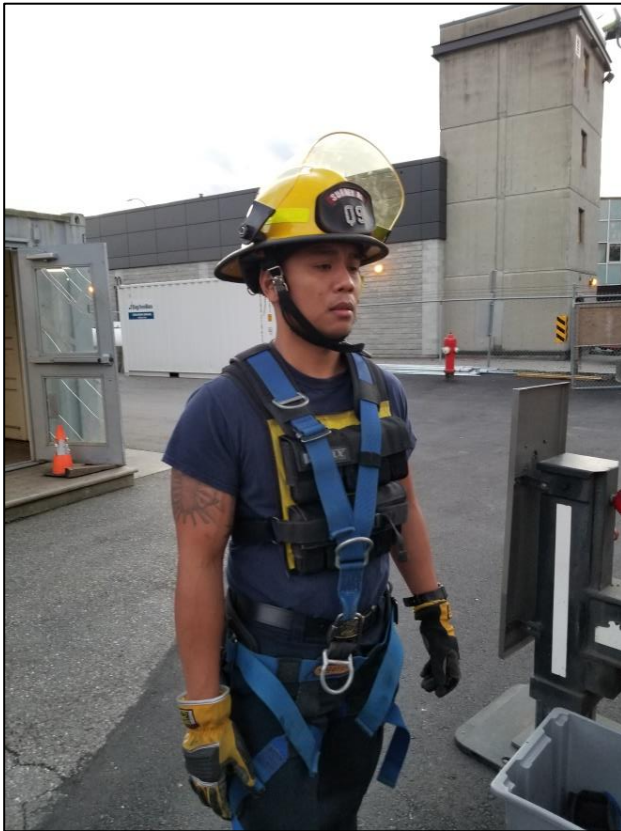
- You will have 4 minutes to complete this task.
- Before testing starts you will don the knee pads, blacked-out facemask, helmet and gloves.
- Your facemask must remain on throughout the test. Removing the mask before completing your task will eliminate you from the test. We will be watching from viewing hatches.
- The officiator will guide you to the entrance of the confined space prop.
- Upon entering the prop, you will immediately turn right.
- You will navigate a narrow passageway for a short distance and emerge into a small room. Locate another passage to your left and follow that passage to a second small room. In the far corner of the room you will find a weighted bag.
- Bring the bag with you as you retrace your way to the entrance point.
- Timing starts when you enter the prop and stops once you and the bag are out.



Station 2: The Aerial Climb

The objective of this task is to ensure you are comfortable working at heights.

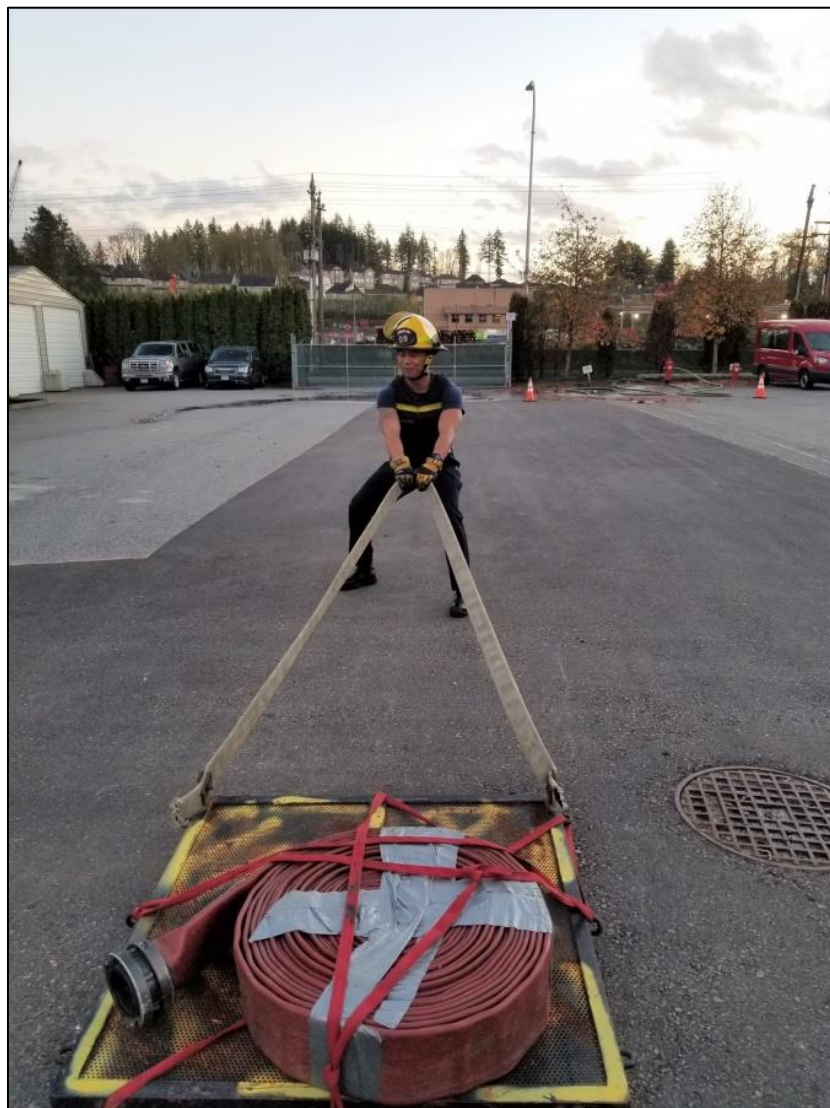
- You will have 4 minutes to complete this task.
- You will be in a harness and attached to a safety line while climbing the ladder.
- The allotted time is more than enough to complete the task in a safe manner.
- Climb ladder using rungs only. Do not skip rungs.
- On your way down, the officiator will call out “Step In” twice; once for each transition between aerial sections. Ensure your foot is on the rung properly at these transitions.
- Once harnessed, you will climb to the aerial platform at the base of the ladder and attach the safety line.
- When told to begin, you will ascend 23m (75’) and ring the bell attached to the top rung.
- After the officiator acknowledges you have rung the bell, you will descend.
- Timing will begin when you are told to start climbing and stop when both feet are planted back on the aerial platform.
- Failure to follow these instructions will result in dismissal from the test.



Station 3: Sled Drag

The objective of this task is to simulate a rescue scenario. This test replaces the traditional mannequin drag.

- You will have 46 seconds to complete this task.
- You will drag an 80kg (175lb) sled a total of 30m (100').
- You are to move backwards, dragging the sled 15m (50') around a pylon and then back to the starting point.
- The 38mm (1½") hose handle cannot go around your back or be wrapped around your arms or wrists.
- Timing will start when you grasp the 38mm (1½") hose handle on the sled and will stop once the sled completely crosses the finish line.



Station 4: Ladder Extension Simulation

The objective of this task is to ensure you are capable of raising and lowering a 10.7m (35') ladder in a vertical position to maximum height.

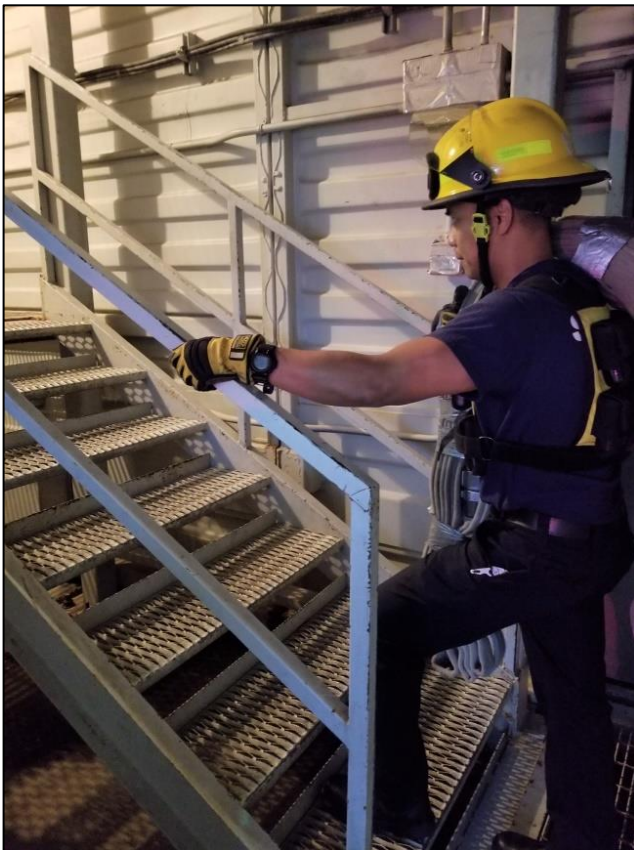
- You will have 66 seconds to complete this task.
- You will fully lift and lower a weighted bag in a controlled, hand-over-hand fashion.
- The rope cannot be wrapped around the hands.
- The weight must be raised to a pre-determined height.
- The officiator will acknowledge when the weight has been raised and will instruct you to lower it to the ground.
- Lowering the weight must be done in a controlled hand-over-hand fashion. Allowing the rope to slip through the hands is not permitted.
- Timing starts when you touch the rope. Timing stops when weight is lowered to the ground.



Station 5: Tower Climb

The objective of this task is to ensure you can carry equipment up multi storey buildings using stairwells only

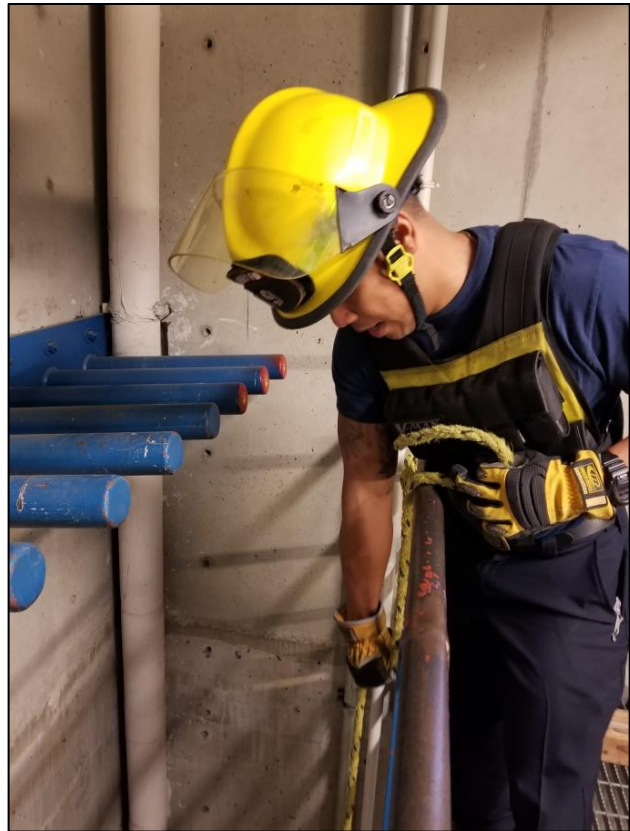
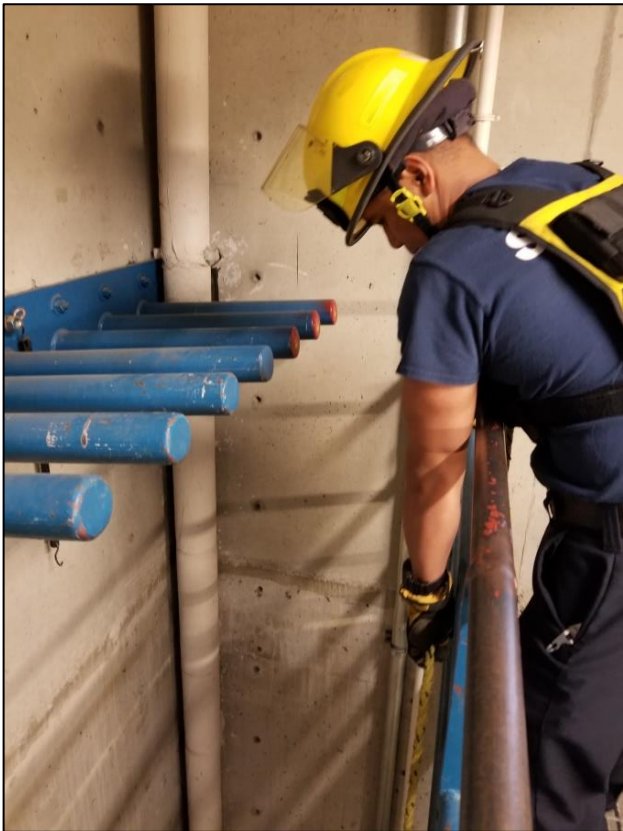
- You will have 3 minutes 8 seconds to complete this task.
- You will carry a hose bundle fold up and down 5 floors, 2 times.
- Pick up the bundle fold and place it on your right shoulder.
- Grip the handrail with your left hand and start climbing. You must maintain hand contact with handrail until you reach the top landing.
- Once on the top landing, shift the bundle fold to the left shoulder and grip the handrail with your right hand while descending. You must maintain hand contact with handrail during your descent.
- When you reach the starting point, shift the bundle fold back to your right shoulder and repeat the climb and descend a second time following the same procedures.
- A foot must land on each stair, do not skip stairs.
- Timing starts when you touch the bundle fold and stops when you place the bundle fold on the ground after the second descent.



Station 6: Hose Roll Raise

The objective of this task is to ensure you are capable of hoisting equipment using a rope.

- You will have 52 seconds to complete this task.
- You will be required to raise a hose roll weighing 25kg (55lb) to a height of 17m (56') using the attached rope.
- In a hand-over-hand fashion, raise the roll until it touches the top rail of the guard rail.
- Dragging the rope over the railing is not permitted.
- The officiator will acknowledge when the roll has touched the top rail and you can begin to lower the hose roll.
- In a controlled fashion, lower the hose roll back to the floor. Letting the roll drop or allowing the rope to slide through the hands is not permitted.
- Timing will start when you touch the rope and stop when the hose roll is back on the ground.



Station 7: Hydrant Kit Carry

The objective of this task is to ensure you can carry equipment in environments which require balance.

- You will have 30 seconds to complete this task.
- You are required to carry a hydrant kit in one hand and walk across the rungs of a 4.2m (14') ladder without falling off the ladder.
- You must step on each rung of the ladder. You cannot skip rungs.
- When you reach the end of the ladder, step off, turn around and proceed back across the ladder to the starting point in the same fashion.
- If you drop the kit or fall off the ladder, you must start again from the beginning point of the direction you were traveling.
- If you drop the kit or fall off the ladder a second time you will be eliminated from the testing.
- The stopwatch will not be reset if you fall off ladder or drop the kit.
- Timing starts when you touch the kit and stops when the kit is placed back on the X on the ground.



Station 8: Hose Advance

The objective of this task is to ensure you are capable of advancing fire hose during fire ground operations

- You will have 30 seconds to complete this task.
- You will advance 45m (150') of charged 45mm (1¾") fire hose 30m (100').
- You may grip the hose in any fashion.
- Timing starts when you touch the nozzle or hose.
- When you and the nozzle cross the finish line the timer will be stopped.



Station 9: Storz Roll Carry

The objective of this task is to ensure you are capable of typical post incident cleanup.

- You will have 15 seconds to complete this task.
- You will lift and carry a 41kg (90lb) roll of large diameter supply line 15m (50').
- You will lift the roll from the tailboard of a fire truck, carry it around the pylon and back to the truck.
- When you reach the truck, return the hose roll flat on the tailboard.
- Timing will start when you touch the roll and stop once the roll is placed flat on the tailboard.





SURREY FIRE SERVICE Physical Fitness Testing - Medical Clearance Form

_____ has applied to take part in our fire fighter recruitment process. The physical fitness testing component is comprised of the tasks listed below. Based on this physical abilities assessment, the applicant may be employed by the Surrey Fire Department.

Please review the physical testing requirements, then indicate your recommendation for this individual's participation at the bottom of this form.

The individual will be required to perform the following simulated fire fighting tests wearing a 50 lb/23 kg weighted vest to simulate the combined weight of firefighting personal protective clothing and equipment.

- Ascend and descend a 75' (23m) aerial ladder in a controlled, safe manner.
- Retrieve an object from a dark, confined space while wearing a blacked-out face mask.
- Drag a 175 lb/80 kg steel sled a distance of 100' (30m).
- Fully raise and lower a weighted bag (80 lb/36 kg) in a controlled fashion.
- Carry a 150' (45m) bundle of folded hose (55 lb/25 kg) on the shoulder up and down four floors, two times.
- Lift and lower a 50' (30m) section of rolled hose (50 lb/23 kg) using a 5/8" (15mm) rope a distance of 30' (9m).
- Carry a hydrant kit (45 lb/20 kg) while walking on the rungs of a 14' (4m) ladder that is lying flat and raised approximately 4" (10cm) above the ground. Walk to the end of the ladder, step off and then return to the starting position (28' (8.5m) in total)
- Advance a 150' (45m) length of charged 1 1/2" (38mm) hose until the line lies fully extended behind the candidate. Approximate distance 130' (40m).
- Carry a rolled fire hose (80 lb/36 kg) a distance of 50' (15m).

Upon reviewing the physical fitness components as outlined above, and in my medical opinion,

Candidate's Name (please print) is:

_____ **Fit to perform this test**

_____ **Not fit to perform this test**

Physician's Signature

Date

Please print or stamp:

Physician's name:

Address/Phone:

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 are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- You are pregnant. In this case, talk with your health care practitioner, physician, 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 health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

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

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.

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 are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
-  You are pregnant. In this case, talk to your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes. Talk to your health care practitioner, physician, 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+

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

1. 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(S1):S3-S13, 2011.
2. 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(S1):S266-s298, 2011.
3. Chisholm DM, Collis 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.