



Republic of the Philippines
Department of Education
REGION IX, ZAMBOANGA PENINSULA
SCHOOLS DIVISION OFFICE OF DAPITAN CITY

Office of the Schools Division Superintendent

March 7, 2024

DIVISION MEMORANDUM

No. 144, s. 2024

PARTICIPATION TO THE REGIONAL ACCREDITATION OF TECHNICAL OFFICIALS

TO: Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Education Program Supervisors
PSDSs and PICDs
All Private and Public Elementary and Secondary School Heads
All District and School Sports Coordinators
All School Sports Clubs Coaches and Facilitators
This Division

1. Pursuant to Regional Memorandum No. 106, s. 2024 entitled "Regional Accreditation of Technical Officials", this Division announces the participation of the said activity which will be held on March 15-17, 2024 at Joaquin F. Enriquez Memorial Sports Complex and Zamboanga National High School West, Zamboanga City.
2. The participants must be physically fit to perform the physical fitness tests and prepare the signed travel authority, medical certificate, consent form and PAR-Q+ to be presented during the registration (See Enclosures 1 & 2).
3. All participants shall attend and finish the accreditation course and encouraged to wear the appropriate sports attire and bring necessary sports equipment to be used during the practical sessions.
4. Enclosed are the list of participants for reference (See Annex A) and are expected to arrive at the venue on March 14, 2024.
5. Teacher participants shall be granted Service Credits subject to the provision stipulated under DECS Memorandum No. 143, s. 1997. Likewise, School Heads and non-teaching personnel shall be provided with Compensatory Overtime Credit (COC) per CSC and DBM Joint Circular No. 2, s. 2004.
6. Traveling and other incidental expenses relative to the participation shall be chargeable against School MOOE and/or local funds subject to the usual accounting and auditing rules and regulations.



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7. For queries, please contact the Division Sports Coordinator, Noel P. Mangubat, through cellphone no. 0939 759 0755, and Assistant Division Sports Coordinator, Rey G. Campos through cellphone no. 0956 998 7637.
8. For wide and immediate dissemination of this memorandum is desired.


DANNY B. CORDOVA, EdD, CESO VI
Schools Division Superintendent





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Annex A

LIST OF RECOMMENDED TECHNICAL OFFICIALS FOR ACCREDITATION

No.	Name	Event	School
1.	Lizelda R. Ong	Archery	DCNHS
2.	Rhodora C. Dayna	Archery	DCNHS
3.	Eldrin Balase	Arnis	DCNHS
4.	Donald S. Apa-ap	Arnis	Ma. Cristina ES
5.	Michelle C. Hamoy	Arnis	Talisay IS
6.	Roselyn T. Sagang	Arnis	Talisay IS
7.	Mariafe Florida	Arnis	Opao ES
8.	Concepcion G. Aca-ac	Athletics	Oyan ES
9.	Arnel D. Penados	Athletics	Diwaan ES
10.	Joy Lagasca	Athletics	Taguilon ES
11.	Teresa T. Ligutom	Athletics	Oyan ES
12.	Merlyn P. Rasus	Athletics	Barcelona CS
13.	Ofelia A. Cabanlit	Athletics	Ilaya ES
14.	Silven L. Ferater	Athletics	Diwaan ES
15.	Marlon Eguia	Badminton	DCCS
16.	Gil Malacat	Badminton	Ilaya NHS
17.	Nikko Enoy	Badminton	Guimputlan IS
18.	Jocel E. Icao	Badminton	DCNHS
19.	Ma. Jeanie R. Quimiguing	Badminton	Lawa-an ES
20.	Sharon Daganasol	Badminton	Dampalan ES
21.	Juvy S. Pestañas	Basketball	DCNHS
22.	Gil Javier	Basketball	San Francisco & San Nicolas ES
23.	Ritchie Baes	Basketball	Sto. Nino ES
24.	Ervin D. Jauculan	Basketball	Hilltop ES
25.	Edralen D. Daymiel	Basketball	DCNHS
26.	John Micheal Molijon	Basketball	DCCS
27.	Archie Lloyd C. Melendrez	Basketball	RMIDCI
28.	Belmor Debaloy	Billiards	Dampalan ES
29.	Maryjane G. Revil	Billiards	Potungan NHS
30.	Adonis Borgonia	Billiards	DCNHS
31.	Felix Napuecas	Boxing	Aseniero NHS
32.	Benjie Calasang	Boxing	Dakak NHS
33.	Carlo Paloma	Boxing	Aseniero NHS - Sigayan SS
34.	Rodello Peñes	Chess	Sulangon CS
35.	Clarencio Elumba IV	Chess	Dakak NHS
36.	Lyra Balladares	Chess	Polo ES
37.	James Ray Ondac	Chess	Dakak NHS
38.	Camela Jeaneth Debaloy	Chess	Potungan CS





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39.	Salome Sharon Yap	Dance Sports	DCNHS
40.	Jessica Abellon	Dance Sports	Barcelona NHS
41.	Erlyn N. Lapoyie	Dance Sports	Baylimango NHS
42.	Josephus Vailoces	Dance Sports	Dakak NHS
43.	Felix Shielo L. Ferrater	Football	Larayan ES
44.	Joseph Rocamora	Football	Sulangon NHS
45.	Nimfa M. Dinocot	Football	Ilaya ES
46.	Merly Calunsag	Football	Antipolo ES
47.	Amilyn B. Llena	Football	Baylimango NHS
48.	Illuminado Lagasca Jr.	Sepak Takraw	Guimputlan IS
49.	Jelord Sumalpong	Sepak Takraw	Potungan NHS
50.	Maricel B. Jarapan	Sepak Takraw	Potungan NHS
51.	Marlon Daganasol	Sepak Takraw	Dampalan ES
52.	Meleus Royce Domenic Azucenas	Sepak Takraw	Sulangon NHS
53.	Minerva G. Paler	Swimming	DCNHS
54.	Vina Baes	Swimming	DCNHS
55.	Marie Xelty L. Enjambre	Swimming	Aliguay IS
56.	Ardie C. Bendano	Swimming	Aliguay SHS
57.	Mercedez Bantilante	Swimming	Selinog IS
58.	Marilou P. Jamolod	Swimming	DCCS
59.	Ana Fiela Quimiguing	Swimming	DCNHS
60.	Ivy Joy Coca	Table Tennis	Aliguay IS
61.	Fielyn Mary Sagario	Table Tennis	Aliguay IS
62.	Joseph Quimiguing	Table Tennis	Ilaya NHS
63.	Fredrich Chiong	Table Tennis	Ilaya NHS
64.	Marly Gallemit	Table Tennis	Ilaya NHS
65.	Yvonne Sagang	Table Tennis	DCNHS
66.	Elvie Page	Tennis	Sulangon District
67.	Jan Hope Verano	Tennis	Barcelona NHS
68.	Lora Wenela M. Amores	Tennis	Taguilon ES
69.	Vergil S. Eguia	Tennis	Potungan District
70.	Jose Icamena	Taekwondo	Ilaya NHS
71.	Ian Stephen E. Mah	Taekwondo	Potungan NHS
72.	Bamie Lantaca	Taekwondo	Potungan NHS
73.	Charlotte T. Dabodabo	Taekwondo	Sulangon NHS
74.	Roel S. Elcamel	Volleyball	Owaon ES
75.	Rosie Malacat	Volleyball	Sulangon ES
76.	Mary Joy B. Villaroman	Volleyball	Diwaan ES
77.	Cherry Mae C. Jauculan	Volleyball	Owaon ES
78.	Estrelleta D. Patay	Volleyball	Kauswagan IS
79.	Alfredo Ferolino	Volleyball	Larayan ES
80.	Felix Solatorio	Volleyball	DCCS
81.	Heidee Bastasa	Para-Games	DC SPED Center
82.	Diana Gracia F. Amiler	Para-Games	DC SPED Center





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83.	Elsie E. Rubio	Para-Games	DC SPED Center
84.	Helen T. Calaguian	Para-Games	DC SPED Center
85.	Vivien D. Quiros	Para-Games	DC SPED Center
86.	Jackylyn Academia	Gymnastics	Aseniero NHS
87.	Dia Dem Labad-labad	Gymnastics	Aseniero NHS
88.	Aileen Cagatan	Gymnastics	Sinonoc ES
89.	Delia C. Dubal	Gymnastics	DCCS





Republic of the Philippines
Department of Education
REGIONAL OFFICE IX, ZAMBOANGA PENINSULA

ZPRAA SECRETARIAT
INFORMED CONSENT FOR FITNESS TESTING
ACCREDITATION OF TECHNICAL OFFICIALS
March 15-17, 2024
Zamboanga City

Name of Participant: _____

The purpose of the test is to evaluate your cardiorespiratory fitness to determine your readiness and physical capacity in performing your role as a *sports officiating official*.

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 run 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 you may withdraw and or ask at any time if you 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 my liabilities the Department of Education Regional Office IX and ZPRAA 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: _____



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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

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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

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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, Malarski 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;174:338-345.

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.