

PAR-Q Health Screening Questionnaire

Physical Activity Readiness · Required Before First Session

These questions are ENTIRELY OPTIONAL. Answering helps Paul provide more informed, sensitive support around exercise intensity, stress, and pacing. All answers are confidential and will never be shared without your written consent.

FULLY aware of my recovery context when designing my program.

I have health considerations related to my recovery that I'd like to discuss privately with Paul before or during our first session.

DATE COMPLETED _____ PRIMARY PHYSICIAN (NAME + PHONE) _____
ADDITIONAL RECOVERY CONTEXT OR HEALTH NOTES YOU'D LIKE PAUL TO KNOW (OPTIONAL): _____

Standard PAR-Q Questions — Circle YES or NO

Fitness & Goals

Answer for each question may require physician clearance before you begin. See note at bottom of this section.

CURRENT ACTIVITY LEVEL (CIRCLE ONE): SEDENTARY / LIGHT / MODERATE / ACTIVE _____ PRIMARY GOAL(S) _____

Do you ever experience chest pain or movement limitations that you should only do physical activity recommended by a doctor? Yes No

Do you feel pain in your chest when you do physical activity? Yes No

Signatures

CLIENT SIGNATURE _____ PRINTED NAME _____

DATE _____ TRAINER REVIEWED BY _____

I certify that the above information is accurate to the best of my knowledge. I understand that withholding health information could result in injury.

Doctor Clearance Required: If you answered YES to one or more questions, please consult your physician before beginning or resuming physical activity. You may proceed once your doctor provides written clearance confirming it is safe to exercise.

Medical History

CURRENT MEDICATIONS (NAME + DOSAGE) _____ KNOWN ALLERGIES (INCLUDE REACTION TYPE) _____

RECENT SURGERIES / INJURIES (PAST 2 YEARS) _____ BLOOD TYPE (IF KNOWN) _____

CHECK ANY THAT CURRENTLY APPLY TO YOU:

- Diabetes (Type 1 or Type 2)
- High cholesterol
- Arthritis or joint disease
- Pregnancy (current or recent)
- Anxiety / depression
- Other: _____
- High blood pressure
- Asthma or respiratory condition
- Osteoporosis / low bone density
- Chronic pain condition
- Eating disorder (history or current)

Recovery & Wellbeing (Confidential — Entirely Optional)