

Health questionnaire before training

Answer yes or no to each question. Add detail where you can.

Client name: _____ Date: _____

1. Has a doctor ever said you have a heart condition, or that you should only exercise under medical supervision? Yes / No

Detail: _____

2. Do you feel pain in your chest when you are active, or when you are resting? Yes / No

Detail: _____

3. Do you lose your balance because of dizziness, or have you ever lost consciousness? Yes / No

Detail: _____

4. Do you have a bone, joint or muscle problem that exercise makes worse? Yes / No

Detail: _____

5. Are you taking medication for blood pressure, a heart condition or another long-term condition? Yes / No

Detail: _____

6. Are you pregnant, or have you given birth in the last twelve months? Yes / No

Detail: _____

7. Do you know of any other reason you should not exercise? Yes / No

Detail: _____

If you answered yes to any question, see your doctor before you start training and bring this form.

Signed: _____ Date: _____

This is a general screening form, not medical advice and not the official PAR-Q+. The free official PAR-Q+ is published at eparmedx.com. Template from trainersight.com. Keep completed forms private.