Health questionnaire before exercise (PAR-Q style) (template)

Not legal or medical advice. This is a free template from JustTrain (justtrain.io/personal-trainer-forms-templates/). Laws on contracts, waivers, consumer rights and health information differ by country, state and province. Have a qualified local professional review and adapt it before you use it with clients. Replace every [bracketed] item and blank line.

This is a PAR-Q style screening template written by JustTrain. It is not the official PAR-Q+ and it does not diagnose anything. It helps the trainer decide whether to ask the client to check with a doctor before starting or increasing exercise.

Client name: _____ Date of birth: _____ Date: _____

Please answer every question.

#	Question	Answer
1	Have you ever been diagnosed with a heart problem, or told by a health professional to limit or avoid exercise?	☐ Yes ☐ No
2	Do you ever get chest pain, tightness or pressure, whether exercising or resting?	☐ Yes ☐ No
3	In the last 12 months, have you fainted, or had dizzy or light-headed spells?	☐ Yes ☐ No
4	Do you have high blood pressure, or take any medicine to control it?	☐ Yes ☐ No
5	Do you have an injury or ongoing pain in a bone, joint, muscle or your back that exercise might aggravate?	☐ Yes ☐ No
6	Do you have diabetes, asthma, epilepsy or any other ongoing medical condition?	☐ Yes ☐ No
7	Are you taking any prescribed medicine?	☐ Yes ☐ No
8	Have you had surgery, an injury or a hospital stay in the last 12 months?	☐ Yes ☐ No
9	Are you pregnant, or have you given birth in the last 12 months?	☐ Yes ☐ No
10	Is there anything else about your health that your trainer should know before you start?	☐ Yes ☐ No

If you answered **Yes** to any question, give details here (what, when, any advice you were given):

_____

_____

_____

If you answered Yes to any question

Talk to a doctor or other qualified health professional before you start exercising or step up your training, and tell them what kind of training you plan to do. Bring any advice they give you to your trainer. [Trainer: set your own rule, e.g. written clearance required before the first session.]

Declaration

I have answered these questions truthfully. I will tell my trainer if my health changes, and I will answer this questionnaire again if it does.

Client name: _____ Date: _____

Signature: _____

If the client is under the age of majority where you work, a parent or legal guardian also signs:

Parent or guardian name: _____ Date: _____

Signature: _____

Trainer use: reviewed by _____ on _____. Clearance needed? □ Yes □ No. Clearance received on _____.

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