Client Health Screening Form (PAR-Q style)

Complete before the first training session. Your answers are confidential.

Your logo here

Full name _____ Date of birth _____

Phone _____ Email _____

Emergency contact (name and phone) _____ Date _____

Please answer each question honestly

1	Has a doctor ever said you have a heart condition?	☐ Yes	☐ No
2	Do you feel pain in your chest during physical activity?	☐ Yes	☐ No
3	In the past month, have you had chest pain when you were not doing physical activity?	☐ Yes	☐ No
4	Do you lose your balance because of dizziness, or have you ever lost consciousness?	☐ Yes	☐ No
5	Do you have a bone or joint problem that could get worse with exercise?	☐ Yes	☐ No
6	Is a doctor currently prescribing medication for your blood pressure or a heart condition?	☐ Yes	☐ No
7	Do you know of any other reason why you should not exercise?	☐ Yes	☐ No

Current medications (if any) _____

Injuries, surgeries or conditions we should know about _____

Training goals _____

If you answered YES to any question, get written clearance from your doctor before you start training or testing.

I confirm that my answers are true and complete. I understand I should tell my coach if my health changes, and that I exercise at my own risk within the limits of my doctor's advice.

_____ _____

Client signature Coach signature

This is a general health screening template, not a medical document and not the official PAR-Q or PAR-Q+. It does not replace advice from a doctor. Free template from WellCore Solutions, wellcoresolutions.net