



# 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.

I am currently in recovery from substance use or addiction. Paul should be aware of this 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

A YES answer to any 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) \_\_\_\_\_

Has your doctor ever said that you have a heart condition and 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)