



TOOLKIT 19 • FITNESS & WELLNESS • TOOL 1 OF 4

# Pre-Participation Health Screening — Before the First Session

Seven questions every new member answers before exercising; who may start today, who needs a doctor's clearance first.  
Based on the PAR-Q+

**Say first:** "Regular physical activity is good for almost everyone. These seven questions tell us whether you can start today or should talk to a doctor first. Please answer honestly — your answers are confidential."

Name • DOB • phone •  
emergency contact • date

|                                                                                                                           | Question                                                                                                                                                        | Yes                                                                                                                                                                                                                                                          | No                       |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1                                                                                                                         | Has your doctor ever said that you have a heart condition or high blood pressure?                                                                               | <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| 2                                                                                                                         | Do you feel pain in your chest at rest, during your daily activities, or when you do physical activity?                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| 3                                                                                                                         | Do you lose balance because of dizziness, or have you lost consciousness in the last 12 months?                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| 4                                                                                                                         | Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure) — e.g. diabetes, asthma, epilepsy?        | <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| 5                                                                                                                         | Are you currently taking prescribed medication for a chronic medical condition?                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| 6                                                                                                                         | Do you currently have (or have had within the last 12 months) a bone, joint or soft-tissue problem that could be made worse by becoming more physically active? | <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| 7                                                                                                                         | Has your doctor ever said that you should only do medically supervised physical activity?                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| <b>NO to all 7</b><br>You may start today. Begin gradually. If your health changes, tell us and complete this form again. |                                                                                                                                                                 | <b>YES to any</b><br>Please see your doctor before starting, or bring the follow-up questions from the full PAR-Q+. Light activity (walking) may begin; supervised or vigorous exercise waits for clearance. Pregnant? Complete the pregnancy questionnaire. |                          |

I have read, understood and completed this questionnaire honestly. I understand the facility will act on my answers.

| Member (or parent/guardian if under 18)                                                                                                                                          | Signature | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
|                                                                                                                                                                                  |           |      |
| Facility: screened by _____ • outcome: start <input type="checkbox"/> / clearance required <input type="checkbox"/> / clearance received (date) _____ • next screening due _____ |           |      |

The general health questions are those of the 2023 PAR-Q+ (Physical Activity Readiness Questionnaire for Everyone), reproduced with attribution as its terms permit.  
Facilities may download the full PAR-Q+ with follow-up questions at [eparmedx.com](https://eparmedx.com).

**ASF standards:** Fitness & Wellness Standard 1 — screening (means of verification: form in every member file)