B WELL
FITNESS CLUB

PAR-Q HEALTH QUESTIONNAIRE

ABOUT THIS FORM

- Please complete this Physical Activity Readiness Questionnaire before your first class, Open Gym session or personal training session. Answer each question YES or NO.

QUESTIONS

- 1. Has a doctor ever said you have a heart condition and should only do physical activity recommended by a doctor? YES / NO
- 2. Do you feel pain in your chest when you do 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 do you ever lose consciousness? YES / NO
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES / NO
- 6. Is your doctor currently prescribing medication for your blood pressure or a heart condition? YES / NO
- 7. Are you pregnant, or have you given birth in the last six months? YES / NO
- 8. Do you know of any other reason why you should not do physical activity? YES / NO

IF YOU ANSWERED YES

- Talk to your doctor before you become more physically active, and tell your B Well coach. We may ask for a letter from your GP before you start.

DECLARATION

- I have read, understood and completed this questionnaire honestly.
- Name: _____ Date: ____ / ____ / _____
- Signature: _____

Last reviewed: November 2026. Sample document for demonstration.