

Adult health and training history

REVIEW DRAFT - DO NOT SIGN OR USE FOR CLIENT TESTING

Client preparation, with emergency contact and assessor review

For adults aged 18 or older considering a nonmedical cycling or running performance assessment. This original questionnaire does not reproduce or replace PAR-Q+, provide medical clearance, or authorize exercise or blood collection. Use the current official PAR-Q+ separately and follow its full pathway.

Provide only relevant information. You may request a private discussion instead of writing sensitive details; the assessor still needs sufficient information to decide whether to defer or refer. Do not send this completed form through public website, booking, or activity fields. Obtain the reviewed privacy notice and a secure return method first.

Participant name or agreed record ID

Assessment date / record date (YYYY-MM-DD)

☐ I confirm I am at least 18 years old. This form is not for minors.

Preferred private contact method and contact details

Assessment goal and relevant cycling/running experience

Recent training: usual frequency, duration, intensity and changes in load

Separate screening form/version/date and any follow-up still outstanding

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Relevant health and sampling history

Describe current or recent symptoms or health concerns that could affect exercise or finger sampling, when they occur, and any healthcare advice already received. This form is not emergency triage: seek urgent help for serious current symptoms rather than waiting for a form review.

Relevant symptoms, timing/triggers, resolution and advice received

Relevant conditions, recent illness/surgery, exercise restrictions or accommodations

Current injury/pain and how it limits activity

Medicines/supplements relevant to exercise, bleeding or recovery; questions for prescriber

Do not stop, start or change prescribed medication for this assessment without advice from the prescribing clinician.

Prior fainting, difficult bleeding/bruising, needle sensitivity, finger skin problems or sampling difficulties

Relevant sensitivities to gloves, skin-cleaning products, adhesives or other supplies

☐

I prefer to discuss some relevant details privately with the assessor.

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Emergency contact and manual review

Emergency contact: name and relationship

Emergency contact: primary phone including country/area code

Alternative contact/phone (optional)

Confirm this is an appropriate person to contact during a safety incident. This record is not consent to medical treatment or a substitute for calling emergency services.

Communication, mobility or other relevant accommodations

Updates or corrections to discuss before the session

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Assessor completes after private review

Reviewer name, role and review date/time

Follow-up/referral needed and evidence or restrictions reviewed

Manual decision, not an automated clearance

- ☐ Defer
- ☐ Refer
- ☐ Modify
- ☐ Proceed within agreed scope

Decision rationale, unresolved issues and responsible follow-up person

A completed questionnaire or selected decision does not establish medical clearance, legal authority to collect blood, or permission to ignore current symptoms or manufacturer restrictions.