



## Health Questionnaire

This questionnaire has been designed to help you enjoy your class safely. Please fill it in to the best of your knowledge. All information disclosed will remain private and confidential.

Name: .....

Address: .....

.....

Tel No (Landline) ..... (Mobile).....

Email.....Occupation .....

Age Group <15 16-20 21-30 31-40 41-50 51-60 61-70 71-80 81+

Have you practised yoga before?

Are you a newcomer to physical activity?

Have you suffered from any serious illness/surgery in the last 6 months?

Do you regularly take medication? YES/NO please specify:

Have you had a baby in the last six months YES/NO

*(It is advisable not to resume any form of exercise for 12 weeks following the birth.)*

If you are pregnant or become pregnant, please inform your instructor.



Do you suffer from any of the following? (if 'yes' please give further details on **any other comments section**, page 2)

***Breathing problems***

***Back pain***

***Bone or joint problems***

***Cancer***

***Chest pain***

***Deafness***

***Diabetes***

***Dizziness***

***Epilepsy***

***Headaches***

***M.E.***

***Multiple Sclerosis***

***Osteoporosis***

***Palpitations***

***High/low Blood pressure***

***Poor eyesight***

***Varicose veins***

***Heart problems***

***IF IN ANY DOUBT PLEASE SEE YOUR DOCTOR***

If there are any other conditions that may affect your participation, please detail them below in the section provided for any other comments.

Any other comments:



It is advised that you consult your GP prior to beginning any new fitness plan if you have any doubt about your level of health or fitness.

The instructor must be informed of any injuries, handicaps or medical problems prior to joining the classes. *Debbie Calleja-Atkins – InYoga* cannot accept responsibility for personal injury whilst participating in a class if:

- a) You have been advised against exercise on the basis of a pre-existing health condition by your GP.
- b) You fail to observe the techniques & instructions given regarding safety.

**I acknowledge that I exercise at my own risk.**

Signed..... Date.....