

HEALTH QUESTIONNAIRE FOR YOGA STUDENTS

This questionnaire has been designed to help you to enjoy your class safely. All information given will remain private and confidential.

Name..... Tel No.(day)..... Tel No. (eve).....

Address..... E-mail.....

..... 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 are newcomer to physical activity?

Have you any history of heart trouble?

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

IF IN ANY DOUBT PLEASE SEE YOUR DOCTOR

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

Please say briefly why you are joining the class:

Any other comments:

With regards to all forms of exercise if you have any doubt about your level of health and fitness it is advisable to consult your GP prior to the commencement of any new fitness plan. The instructor must be informed of any injuries, handicaps or medical problems prior to joining the classes. *Tina Olliver/Yoga-etc* 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.....