

Medical Questionnaire

Please complete the following questionnaire before participating in your first class.

Name: _____	Age range (please circle)	15-25 25-35 35-45 45-55 55-65
Do you exercise regularly	Y / N	

Have you practised Yoga before: Y / N

If yes, for how long and how recently? _____

Are you aware of any medical condition you have that might be aggravated by exercise?
(see guidance below)

Do you currently suffer from any Sports related injuries?

Have you ever suffered a serious injury by any other cause (eg Whiplash in a car crash?)

The following is for your guidance only.

We would like to remind you to consult a Doctor should you be in any doubt as to your suitability to attend one of our programmes. It is especially important to see the teacher before the start of any session if you:

- Suffer from heart disease, high blood pressure or any other cardio vascular problem.
- You are troubled by chest pains or tightness in the chest when carrying out anything with minimum effort.
- You suffer from any lung condition eg asthma, bronchitis
- You suffer from back or spinal pains
- You have a medical condition which could interfere with your participation in exercises eg damaged knee or ankle joint or a recent operation.
- You are prone to headaches, fainting or dizziness.
- You are extremely under or over weight.
- You are pregnant
- You are a new comer to exercise aged over 35
- You are currently taking drugs or medication for any reason, including pain killers.

Signed _____ Date _____