

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.....

Mobile

I am happy to be included in a text Whatsapp Group (delete if not)

Emergency contact and contact number

.....

Address.....

.....

E-mail.....

Occupation.....

Age (please circle): 16-20 21-30 31-40 41-50 51-60 61-70 71-80 81+

Have you practised yoga before?

Have you any history of heart trouble.....

Have you suffered from any serious illness/surgery in the last 6 months? If yes can you outline:

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

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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 before you take part in the class.

Do you suffer from any health conditions or illnesses your yoga teacher should know about.

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If you have joint or back pain can you be specific about what and where and what aggravates it?

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If there are any other conditions that may effect your participation please detail them below in the section provided for any other comment

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Please say briefly why you are joining the class and what you are aiming to get out of a yoga class:

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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. *Emma Mansfield* 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.....