

**(PAR-Q) Exercise Class / Fitness Pilates HEALTH SCREENING FORM - Confidential**

**Name:** ..... **Date of Birth:** ...../...../.....

**Occupation:**..... **Where do you work:** .....

**Address:** .....

**Home tel Number:** ..... **Mobile No.**.....

**Email address:**.....

● Do you suffer from back problems? NO / YES. If yes, please give details:.....  
.....  
.....

● If you have back problems NOW, are you receiving treatment from a Physiotherapist/Chiropractor/Osteopath / any other professional? NO / YES If so, please give name and contact number .....

● Have you been given medical clearance to attend my Exercise or Fitness Pilates Classes? NO / YES If yes, who has given clearance? .....

● Have you ever had treatment for a back problem? NO / YES Details: .....

● Are you suffering from any other medical problems that may affect your ability to exercise? - NO / YES Details: .....

● Are you on any medication? NO / YES If yes, name of medication & dose ..... &  
What is this medication for? .....

● Have you any additional Health information that may be relevant? NO / YES Details: .....

● Any relevant family history/illnesses? .....

● How do you rate your overall posture: :Excellent: ..... Average: ..... Poor: ..... Very poor: .....  
Give posture details: .....

● How is your balance? .....

● Are you pregnant?..... / trying to conceive? ..... any relevant issues? .....

**Health and Fitness Declaration:**

**If necessary, I will seek medical clearance to attend any exercise/fitness/Pilates class. I understand that whilst every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to exercise. I have answered all the questions correctly and all medical and health considerations are noted above. I understand that I attend Fitness/ Pilates classes at my own risk. I will keep the instructor updated if any of the above information changes.**

**Signed:** ..... **Date:** ...../...../.....