

(PAR-Q) HEALTH SCREENING FORM

please download, fill in with as much info as possible & give to Susan/bring to your first class, thanks

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

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

Address:

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

Email address:.....

Emergency contact:..... **Emergency contact phone**

● 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 any of our 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?

Please give consent here if you'd like Susan to sign you up to our weekly Complementary Fitness Newsletters which are emailed out on Monday mornings **YES please / No thanks**
If yes to newsletter sign-up, please consent here:.....

Health and Fitness Declaration:

If necessary, I will seek medical clearance to attend any exercise, Fitness/Pilates/yoga 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 any class at my own risk. I will keep the instructor updated if any of the above information changes.

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