

# Physical Activity Readiness Questionnaire - Yoga

Name	DOB
Address	
Email	Phone
Emergency contact	

Section A	Yes	No	Section B	Yes	No
Has your doctor ever said you have a heart condition and recommended only medically supervised activity?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a detached retina or glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had surgery within the last year?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any muscular/skeletal/bone injuries/issues?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any dizziness or balance issues or ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any respiratory conditions/issues i.e. Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever recommended or are you currently taking medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently experiencing any emotional issues e.g. stress, anxiety, depression?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high or low blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any questions in section A please give more details below

If you have answered YES to one or more of the questions in section A this class may not be suitable for you. You should gain consent from your doctor before participating in this class.

If you have answered Yes to one or more in section B please give more details below.

Have you practiced yoga before?	Yes No
Are you/is there a possibility you may be pregnant? <b>This class is not suitable during pregnancy.</b>	Yes No
Have you had a baby in the last 12 months?	Yes No
Do you have any allergies?	Yes No
Are you currently being treated/medicated for any medical condition?	Yes No
Any other health issues/medical diagnosis?	
Do you currently feel unwell? <b>Please do not attend the class if you feel unwell.</b>	Yes No

## I confirm that:

I have read, understood and accurately completed this questionnaire. I understand that while every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to exercise. I understand that my participation carries a risk of injury. I agree to inform the instructor of any changes to my health that may arise after signing this form and will complete a new form if required to do so.

**For those that answered YES to one or more of the questions above. I have sought medical advice, and my GP has agreed that I am able to participate in this class. I take full responsibility and do so at my own risk. ☐**

Signature	Print Name	Date
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All information is treated with confidence and kept strictly private. Your information is gathered to be able to offer you this service and to fulfil professional and legal requirements. Personal information will be stored securely and will be deleted when there is no further legal obligation to retain it. Your information will not be shared with third parties