

**PAR-Q Fitness Pilates/ Pilates/ Yoga Health Screening Form - Confidential**

Name: .....Date of Birth: .....Age:.....

Occupation:.....

Home Address: .....

Home Tel Number: ..... Mobile:.....

Email address:.....

Emergency Contact Name and Number:.....

• Do you suffer from back problems? NO / YES. If yes, please give details:.....  
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• Have you ever had treatment for a back problem? 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 yes, please give name and contact number and if any advice has been given/medical clearance to attend my classes.....  
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• Are you suffering from any other medical problems that may affect your ability to exercise? NO /YES. If yes, please give details .....

• Have you any additional health information that may be relevant? NO/YES. If yes, please give details .....

• Are you pregnant? NO/YES. Or have you had a baby in the last 6 months? NO/YES.

• How do you rate your overall posture? Excellent:..... Good:.....Average:.....Poor:..... Very poor:.....

• How do you rate your overall flexibility? Excellent:..... Good:.....Average:.....Poor:..... Very poor:.....

• How do you rate your overall balance? Excellent:..... Good:.....Average:.....Poor:..... Very poor:.....

**Health and Fitness Declaration:** If necessary, I will seek medical clearance to attend any Fitness Pilates/Pilates/Yoga class. I understand and I accept full responsibility for myself 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/Pilates/Yoga classes at my own risk. I will keep the instructor updated if any of the above information changes. I understand that this information is kept and filed for health reasons and I agree to this.

Signed.....Date.....