

HEALTH AND SAFETY QUESTIONNAIRE - Part 1

Name: _____ Telephone: _____

Address: _____

E-mail: _____

Occupation: _____ Age: _____ Male / Female

Doctor's name and surgery _____

Medical History

1	Have you ever suffered from heart trouble?	YES / NO
2	Are you presently taking any form of medication?	YES / NO
3	Do you suffer from chest pains?	YES / NO
4	Do you ever have spells of dizziness or feel faint?	YES / NO
5	Have you ever had either high or low blood pressure, and/or high cholesterol level? If YES please CIRCLE which.	YES / NO
6	Have you ever had asthma, chronic bronchitis or any other chest ailments? If YES Please CIRCLE which.	YES / NO
7	Do you suffer from back pain or any orthopaedic problem? If YES please CIRCLE which.	YES / NO
8	Do you suffer from severe headaches or migraines?	YES / NO
9	Is there any history of heart disease in your immediate family (under the age of 55)?	YES / NO
10	Are you recuperating from a recent illness/operation or injury? If YES please expand:	YES / NO
11	Have you any medical condition that we should be aware of?	YES / NO
12	Are you pregnant? If yes, how many months?	YES / NO

PLEASE NOTE: If you answered YES to any of questions 1-12, you are advised to seek medical advice/approval before commencing an exercise induction or exercise programme or consult further with your instructor.

I have been informed both verbally and in writing that if I answer YES to any of questions 1-12 of this questionnaire, I should seek medical advice/approval before commencing an exercise programme and/or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the Centre and any of it's employees cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme. Personal data will not be shared with any other parties.

Signed: _____

Date: _____

HEALTH AND SAFETY QUESTIONNAIRE - Part 2

Pilates Informed Consent Form

I hereby state that I have read, understood and answered honestly the questions on the Health and Safety Questionnaire.

I wish to participate in physical activities that will include a Pilates warm-up preparation phase involving standing and lying exercises and a main mat-based Pilates session with floor-based exercises. These could involve use of small equipment such as a resistance band, blocks, foam rollers or Pilates rings. The session will also include flexibility exercises.

I realise that in participating in these activities I may be at risk of injury and even the possibility of death. I hereby confirm that I am participating voluntarily.

I confirm that, if necessary, I have taken medical advice and my doctor has agreed that I should exercise.

Signed: _____

Date: _____