

Health Questionnaire – Physical Activity Clearance Form

For most people, Hatha Yoga should not pose any problem. With this questionnaire, I can identify those participants for whom this physical activity might not be appropriate or those who should have medical advice concerning this type of exercise and its appropriateness for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the YES or NO opposite the question that applies to you and if you are taking medication.

The confidential information on this questionnaire is provided to the instructor. By accepting this document, the instructor agrees that the information contained herein will not be disclosed to others.

NAME _____ TEL _____ Email: _____			
Do you or have you suffered from:	YES	NO	Taking Mediation Yes -No
1. High Blood Pressure?			
2. Low Pressure?			
3. Heart Disease?			
4. Stroke?			
5. Diabetes?			
6. Depression?			
7. Headaches?			
8. Allergies?			
9. Cancer?			
10. Abdominal pain?			
11. Dizziness?			
12. Has your doctor ever told you that you have a bone or joint problem (example: back, knee, arthritis etc.) If yes, please specify: _____ _____			
13. Are there any other physical problems which restrict you physically that the instructor should know? Example would be an old injury or whiplash injuries. If yes, please give details: _____ _____			
14. Are you pregnant? If yes please indicate which trimester below: _____			

This Physical Activity Clearance form is valid for a maximum of 12 months from the date it is completed. By signing this form you agree that you are physically clear and/or have been cleared by your Doctor to undertake these Hatha Yoga Fitness Classes. If your condition changes at any time during this period you must advise the instructor and complete a new form and have clearance from your doctor before undertaking physical activity.

Signature _____

Date _____