

The Yoga-Lounge Health Questionnaire – Under 18 Students

So that we can ensure you are safe to practice please complete this health questionnaire.

For most people, Yoga, Pilates and Dance should not pose any problem or hazard. This health questionnaire is designed to identify any risks these activities may pose to individuals, it also enables the teacher/instructor to have some background knowledge of their client(s).

All information will be treated confidentially.

Have you ever been **diagnosed** by a professional to have or previously had any of the following medical conditions, please tick and give details below;

Heart Conditions
High Blood Pressure
Low Blood Pressure
Arthritis
Osteoporosis
Disc Related Injuries
Lung Conditions i.e. Asthma
Diabetes
Epilepsy
Gynaecological Problems
Eye Conditions
Mental Health Disorders
Cancer
Any other Medical Conditions i.e Migraines, Sciatica, Digestive

Have you had a recent and/or major operation/chronic illness/injury? **Yes/No**

Do you smoke? **Yes/ No**

Are you currently taking any medication of which the teacher/instructor should be made aware? If so, what..... **Yes/No**

Are you pregnant or have you had a baby in the last 6 months? **Yes/No**

Is there any other reason why you should not participate in physical activity? **Yes/No**

If you answered yes to any questions please give further details below

PLEASE NOTE:

If your health changes so that subsequently you answer YES to any of the above questions, inform your Yoga/Pilates/Dance teacher/instructor immediately. Ask whether you should change your practice. Delay your practice if you feel unwell because of temporary illness such as a cold or flu – wait until you are better.

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION

I understand my own body's challenges and take full responsibility for my own Yoga/Pilates/Dance practice.

Full Name: _____ **Signature** _____

Parent/Guardian Full Name _____

Parent/Guardian Signature: _____

Address: _____

Date: _____

DOB: _____

Home No: _____

Post Code: _____

Mobile No: _____

Email Address: _____

Would you like to join our mailing list to receive our Newsletter, Promotions & Events?
Yes No (Please tick appropriate)

Occupation : _____

Emergency contact name, phone no and relationship to you :

How did you hear of The Yoga-Lounge? _____