Yoga Screening and Informed Consent Form

The information contained in the form is confidential and is only used to prescribe a safe and effective exercise class for you. Please fill out this form prior to the class and return it to the class organiser/supervisor. If you have any concerns with regard to your suitability to a particular exercise programme, such as Yoga, please consult a medical doctor prior to the class start.

Print Name **Emergency Contact Person:**		**Mobile:** **Emergency Contact Person Mobile:**	
Include on email list	Yes/No – Email Address	**Age range of Participant**	

Are any of the following conditions relevant (please select all that apply)

- ☐ Head/neck injury
- ☐ Hip/pelvis injury
- ☐ Arthritis
- ☐ Bone fracture
- ☐ Shoulder injury
- ☐ Knee/thigh injury
- ☐ Swollen joints
- ☐ Tennis elbow
- ☐ Arm/elbow injury
- ☐ Ankle/foot injury
- ☐ Calcium deposits
- ☐ Wrist/hand injury
- ☐ Back pain/injury
- ☐ Nerve damage
- ☐ Other considerations

Are these or any other injuries aggravated by exercise

- ○ Yes
- ○ No

Presently receiving physical therapy?

- ○ Yes
- ○ No

Please select any of the following that are relevant or are being treated for by a physician or health professional

- ☐ Heart problems
- ☐ High blood cholesterol
- ☐ Anemia
- ☐ Obesity
- ☐ High/Low BP

If yes, please give further details

Note: You must be 18+ years of age to attend classes/workshops or be accompanied by a parent/guardian. Although this questionnaire is designed to assist your teacher when advising on individual exercise needs and suitability to participate in the scheduled programme, I am aware that it is my responsibility to consult with a physician prior to commencing any exercise program. I am aware of the inherent risks with physical exercise. I acknowledge that my choice to participate in this exercise class brings with it the assumptions by me of those risks, and I understand that I am free to withdraw from this class at any time. I have read and understood the above information.

Print Name **Signature**		**Date:**	