



Please complete and return to the address below ASAP so that we can do our best to ensure a place on the course of your choice.

Name:	Emergency Contact:
Tel No:	Tel No:

Please read the questions carefully and answer each one honestly. Answer  
**Yes/No**

1. Has your doctor ever said that you have a heart condition and/or should only do activity recommended by a doctor?	
2. Do you ever feel pain in your chest when doing/not doing physical activity?	
3. Do you ever feel faint or have spells of dizziness?	
4. Do you have a joint problem or any problems with your bones?	
5. Have you ever been told you have high blood pressure?	
6. Are you taking any medication the instructor should be aware of?	
7. Are you pregnant or have you had a baby in the last 6 months?	
8. Do you know of any other reason why you should not do physical activity?	
Please note any aches, pains. State when and why you experience them:	
Please note any injuries, even if they were a long time ago and are you are now recovered. Use the other side if necessary.	

**If you have answered Yes** to one or more questions please speak to your doctor before you start to become more physically active. Tell your doctor about the questionnaire and which questions you answered yes to. Follow your doctor's advice.

**If you answered No** to all questions you can be reasonably sure you can take part in a Pilates class. If your health changes so that subsequently you answer yes to the above, please inform your Instructor.

<p>I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. ALL QUESTIONS ARE COMPLETED TO MY FULL SATISFACTION. Please print and sign your name.</p> <p>.....DATE .....</p>
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