

EARLY BIRD YOGA CLASS  
PARTICIPANT HEALTH & FITNESS  
READINESS QUESTIONNAIRE IS TO BE COMPLETED BY EACH STUDENT

***A COMPLETED FORM SHOULD BE GIVEN TO THE TUTOR ON ENROLMENT DAY  
OR AT THE BEGINNING OF THE FIRST CLASS IN 2018***

**Name:** \_\_\_\_\_

Yes / No      Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes / No      Do you feel pain in your chest when you do physical activity?

Yes / No      In the past month, have you had chest pain when not doing physical activity?

Yes / No      Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes / No      Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes / No      Is your doctor currently prescribing drugs for your blood pressure or heart condition?

Yes / No      Do you know of any other reason why you should not do physical activity?

**If you answered yes to one or more questions, please take this form to your physician to obtain medical clearance to participate in the Early Bird Yoga Class.**

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

My patient \_\_\_\_\_ does / does not have my clearance for exercise.

**TO BE COMPLETED BY THE STUDENT:**

I, \_\_\_\_\_ fully understand that:

- a) engaging in exercise may involve risk depending on my own state of fitness or health (physical, mental or emotional) and the care and skill I employ when exercising;
- b) I am free to withdraw from, reduce or modify my involvement in any activity, and I should do so upon recognition of any signs of lightheadedness, fainting, chest discomfort, light cramps, nausea or other discomfort.
- c) I assume full responsibility for all risks associated with my choice to attend yoga class.