

Physical Activity Readiness Questionnaire

Please read the questions carefully and answer each one honestly, ticking the appropriate box or adding information if necessary. **Your responses will be kept in confidence.** This form must be completed and returned to Serenity Flow Yoga and assessed prior to commencement.

Personal details	
Name	
Address	
Postcode	
Telephone number	
Email address	
Emergency Contact	
Contact name	
Contact number	
Yoga history	
Have you practised yoga before? (please circle)	No Yes
What type of yoga, how recently and how often did you practise?	
Reason for doing yoga	
General fitness	
Increased flexibility	
Reduce stress	
Meditation	
GP's suggestion	
Other (please specify)	

Health Issues (Please tick as appropriate)	No	Yes	If yes, please provide details
Blackouts / dizziness / fainting			
Epilepsy, seizures or convulsions			
Heart conditions, stroke, angina			
Ulcer / hernia			
Diabetes			
Asthma			
Parkinson's			
Multiple Sclerosis			
Other nervous system concerns			
Chronic fatigue syndrome / M.E.			
Glaucoma			
Detached Retina			
Other eye conditions			
Emotional health conditions (panic attacks, anxiety, stress, etc)			
Past / present depression			
Recent fractures / sprains			
Recent surgery			
Back problems, spine injuries			
Knee issues			
Shoulder problems			
Neck problems			
Bone / joint problems / Osteoporosis / Arthritis			
Vertigo			
Any other conditions which may affect your participation?			
Pregnancy			
Are you pregnant (please circle)	No	Yes	
Trimester (please circle if yes to previous question)	1st Trimester	2nd Trimester	3rd Trimester



Please list any prescription or over the counter medication that you are currently taking

DRUGS / MEDICATION	PURPOSE / REASON

If you have answered YES to one or more questions we may need you to contact your doctor before starting to exercise / attending a yoga class. If your health changes so that you may then answer YES to any of these questions, inform your yoga teacher as soon as possible.

I have read, understood and completed this questionnaire.
Any questions that I had were answered to my full satisfaction.

Signature: _____ Date: _____

Signature of Parent / Guardian (if aged 16-17):

_____ Name: _____

Serenity Flow Yoga Waiver

I, [_____] have completed the Serenity Flow Yoga health and fitness questionnaire and either responded 'No' to all the questions, or responded 'Yes' to one or more questions.

I am aware that exercise and physical activity involves a risk of injury and confirm that I am voluntarily participating in these activities with the knowledge of the potential dangers involved. I confirm that I will participate in activities with/without the approval of my doctor and do hereby assume all responsibility for the consequences of my participation. I will also inform my yoga teacher of any changes in my medical condition that may have occurred, including injuries, prior to each class.

I declare myself physically sound and suffering from no condition, impairment, disease, infirmity or illness that would prevent me from participating in physical activity. I assume and accept any and all risk of injury, including death.

Signature: _____ Date: _____