

Physical Readiness Questionnaire

Please complete this questionnaire **before** commencing Yoga classes

Your Name:	Yes or No	
Has your doctor ever said that you have a heart condition & that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you are not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any reason why you should not do yoga or physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

Further Information

If you have answered yes to one or more of the questions, please provide further information in the box above & then consult with your yoga teacher, who will advise if medical permission is needed before you can participate in class.

Declaration: I understand that I must take responsibility for my own safety & well-being when participating in Yoga classes. If I feel any pain or illness, I will inform the teacher. I understand I am advised to follow the instruction given. I understand that I participate at my own risk & am free to stop & rest or stop completely at any time.

Signature:

Date: