

# HEALTH SCREENING QUESTIONNAIRE & INFORMED CONSENT

Class Venue \_\_\_\_\_ Class day & time \_\_\_\_\_

Name & Address \_\_\_\_\_

Postcode \_\_\_\_\_ Contact Phone Numbers \_\_\_\_\_

Emergency Contact Name, Address & Telephone number \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Age (please circle) under 25 25-35 35-45 45-55 55-65 65-75 75+

Please read the questions carefully and answer each one as honestly as you can.

Please circle the appropriate answer, YES or NO

1) Are you on any medication that may affect you during the session YES NO

If you answered YES please give details \_\_\_\_\_

2) Have you any illness/disabilities? YES NO

If you answered YES please give details \_\_\_\_\_

3) Do you have any injuries or joint problems? YES NO

If you answered YES please give details \_\_\_\_\_

4) Have you been recommended to Modern Pilates by a health/medical YES NO

practitioner e.g. Physiotherapist?

If you answered YES please give details and contact numbers if possible \_\_\_\_\_

5) Are you pregnant or have you been pregnant in the last 6 months? YES NO

6) In brief please state (a) your exercise history (i.e. when you last exercised and what activity it was) and (b) what are you hoping to achieve from your class?

(a) \_\_\_\_\_  
(b) \_\_\_\_\_

7) Are there any other conditions that your teacher should be aware of? YES NO

If you answered YES please give details and contact numbers if possible \_\_\_\_\_

\_\_\_\_\_

If you have answered YES to any of the above questions, we suggest you seek medical approval to continue with your training. Please feel free to mention anything else that I may need to know to keep your session safe both now and as the training progresses.

Whilst every effort is made to keep the session both safe and effective there is a risk of injury as with any programme of activity. I am participating of my own free will. On rare occasions there may be a stand in teacher. Please feel free to discuss any questions you may have regarding your Modern Pilates class.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Informed Consent**

I hereby state that I have read, understood and answered honestly the pre-exercise health screening questionnaire. Any questions I had were answered to my full satisfaction. Whilst every effort is made to keep the class safe and enjoyable, I am participating of my own free will and as with any exercise programme there is a risk of injury. I understand that on rare occasions there may be a stand in teacher.

Name: _____ Signature: _____ (Modern Pilates Instructor)
Name: _____ Signature: _____ (Client)
Date: _____

Please tick here to say you have read and understood the Terms and Conditions

**Where/how did you hear about this class?** \_\_\_\_\_

### **Modern Pilates Instructor**

If the participant has circled YES to any of the pre-exercise questions, record the advice that you have given below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_