

Silverwood Community Association Yoga Fitness/Health Questionnaire



Name: _____ Date: _____
 Address: _____
 Postal Code: _____
 Email: _____
 Phone: _____
 Person to contact in case of an emergency: _____
 Phone : _____

Birth Date: _____
 Age: _____

What is the state of your present health? _____
 Are you now or have you been pregnant within the past 3 months? _____
 Does your physician know you are participating in a yoga class? _____
 Is this your first time participating in a yoga class? _____

Do you have now or have you had within the past year:	YES	NO	EXPLAIN if YES
1. Chronic illness ?	___	___	_____
2. Advice from a physician not to exercise?	___	___	_____
3. Recent surgery (within the past 3 months)?	___	___	_____
4. History of heart problems?	___	___	_____
5. Any of the following that could be aggravated by physical activity:			
A. Muscle disorder?	___	___	_____
B. Joint disorder?	___	___	_____
C. Bone disorder?	___	___	_____
D. Back/Spine disorder?	___	___	_____
6. Diabetes?	___	___	_____
7. High/Low Blood Pressure? (circle)	___	___	Is it controlled?___
8. High Cholesterol ?	___	___	Is it controlled?___

This form is valid from September 1 to August 31. If you have changes in your health circumstances, it is your responsibility to inform the yoga instructor.

Signature

Date