

Pilates Matwork Fitness Class Medical Screen

Any change in activity or taking part in exercise can increase the risk of injury. You must notify your teacher of any changes in your health at the start of each lesson. Answer the following questions honestly. If you answer 'yes' to a question please provide details. On completion, sign below to confirm that you will: 1) not do anything beyond your own ability in the class; 2) stop exercising if you feel pain and notify the teacher; 3) take full responsibility for your health, well-being and safety whilst attending the class; 4) not hold the teacher or stand ins responsible for any accident, loss or injury. Please do not exercise if you feel unwell or have taken medicines which will affect your pain threshold, awareness or concentration.

Name:	
DOB:	
Address:	
Telephone:	
Mobile:	
Email:	
Method of Contact:	<i>Please indicate how you would prefer to receive notifications</i>

Please tick appropriate answer. If you answer 'yes' to any question, please provide details as this may affect the exercise prescription.

YES	NO	1) Have you any kind of heart condition? Or experienced any pain in your chest?
Yes	No	2) Do you ever have dizzy spells, lose consciousness or lose balance?
Yes	No	3) Do you have any joint or bone problems?
Yes	No	4) Do you have any restrictions in your mobility?
Yes	No	5) Are you currently pregnant or recently pre/post-partum?
Yes	No	6) Are you currently taking any medicines that the teacher should be aware of? EG pain patches? Insulin? Inhalers?
Yes	No	7) Do you have any medical conditions that the teacher should be aware of?

Yes	No	8) What do you want to get from attending Pilates classes? Mobility, strength, sports training etc.
Yes	No	9) How much Pilates experience do you have? Have you attended classes on the IOM?
Yes	No	10) Has your doctor recommended that you become more physically active?
		Please add any other information you feel is important for the teacher to be aware of.
		Please provide the <u>name and contact number</u> in the event of an emergency: NAME: CONTACT No.

You are signing below to confirm that you have answered honestly.

If you encounter any changes in your medical condition please inform the instructor.

Signed:.....

Date:.....

Your name:.....

Your Tel:.....

Your address (post or email):.....

EMAIN 29/07/12