



Physical Activity Readiness Questionnaire

Before you attend your first Pilates Class, please fill out the Physical Activity Readiness Questionnaire. This is a basic Health Questionnaire that will give me a better understanding of your capabilities and any possible problems I need to be aware of.

You should bring this form with you to your first class. Its contents will not be shared with any third party and are held in strictest confidence.

Name: _____

E mail: _____

Phone No: _____

Emergency contact No: _____

How did you hear about the Class? _____

No / Yes please add a description

Any joint problems (also back problems that can be made worse through exercise)?

Problems with bones e.g. Osteoporosis /Arthritis? _____

Are you pregnant or have you had a baby in the last 6 months? _____

Have you been told you have high blood pressure? _____

A Heart or lung condition? _____

Do you ever faint or have dizzy spells? _____

Any recent injuries or operations? _____

Have you ever had an operation or injury which still affects you in any way?

Please continue to the page below

Are you taking any medication with side effects which your Instructor should be aware of?

Do you have any condition, illness, pain or problem which affects your ability to exercise?

Any other relevant information: _____

If you answered **YES** to one or more questions

You should talk to your Doctor by phone or in person before you start to become more physically active. Tell your Doctor about the questionnaire and which questions you answered yes to. Please also tell your Pilates Instructor. If you already have medical clearance for Pilates and moderate exercise in general, please fill in the declaration form below.

I declare that I have been cleared by my Doctor (GP, Specialist or other Health Care Professional) to carry out Pilates.

Please sign here: _____

Date: _____

Print Name: _____

If you answered **NO** to all the questions

You can be reasonably sure you are fine to commence with the Classes. However, if your health or fitness change subsequently to answering No to these questions, please inform your Instructor at the beginning of class.

I have read, understood and completed this questionnaire.

Signature: _____

Date: _____

Print Name: _____