

## Pilates Matwork Fitness Class- Medical Screening Questions

Any change in activity or taking part in an exercise session can increase the risk of injury. You must notify the Teacher before each class if anything changes with your health. Answer honestly, explain any 'YES' answers, and sign below to also confirm that you will 1) not do anything beyond your ability in the class 2) stop exercising if you feel any pain and notify the Teacher 3) take full responsibility for your health, well being and safety whilst attending the class and 4) not hold the Teacher or her stand ins/assistants responsible for any accident, loss or injury. Please do not exercise if you feel unwell or have taken any medicines that will alter your pain threshold, awareness or concentration.

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 your 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 medicine that the Teacher should be aware of? Eg Pain Patches? Insulin? Inhalers?
Yes	No	7) Do you have any medical conditions the Teacher should be aware of?
Yes	No	8) What do you want to get from attending the Pilates Class? Eg Mobility/Flexibility, Strength, Sports Training, Alignment...
Yes	No	9) How much Pilates experience do you have? Have you attended other classes on the IOM?
Yes	No	10) Has your Doctor recommended you become more Physically active? Or are there any reasons why you should not take part in a Group Fitness Class?
		Please provide the name and contact number for an emergency contact for you Name.....No.....

You are signing below to confirm that you have answered honestly; you will inform the Teacher if your circumstances change each week before the class Starts. If you have answered 'YES' to any of the questions you are signing to confirm you have informed your doctor of your intent to exercise and have their approval; you will exercise safely and are doing so entirely at your own risk and you will ask for help if unsure about anything in the class. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician and inform the Teacher. You are taking part in a Fitness Class where accidents or injury can occur and the Teacher and their Assistants are not responsible for you or your actions.

Signature	Date
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Your Name.....Your Tel Nos.....

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

Venue for Pilates .....