

Lawson Heights Community Association
Yoga Fitness/Health Questionnaire



Name: _____

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

Chronic illness? _____ _____ _____

Advice from a physician not to exercise? _____ _____ _____

Recent surgery (within the past 3 months)? _____ _____ _____

History of heart problems? _____ _____ _____

Any of the following that could be aggravated by physical activity:

A. Muscle disorder? _____ _____ _____

B. Joint disorder? _____ _____ _____

C. Bone disorder? _____ _____ _____

D. Back/Spine disorder? _____ _____ _____

Diabetes? _____ _____ _____

High/Low Blood Pressure? (circle) _____ _____ Is it controlled? _____

High Cholesterol? _____ _____ Is it controlled? _____

This form is valid from **Sept 1 – August 31** (of current programming year). If you have changes in your health circumstances, it is your responsibility to inform the yoga instructor.

Signature _____

Date _____