

# Health and Safety Questionnaire/PAR-Q

Name: ..... Telephone: .....

Address:.....

.....

.....

Occupation:..... Age: ..... Male/Female

## Medical history

1. Have you ever suffered from heart trouble? YES/NO
2. Are you presently taking any form of medication? YES/NO
3. Do you suffer from chest pains? YES/NO
4. Do you ever have spells of dizziness or feel faint? YES/NO
5. Have you ever had either high or low blood pressure, and/or high cholesterol level? If YES please indicate which YES/NO
6. Have you ever had asthma, chronic bronchitis or any other chest ailments? YES/NO
7. Do you suffer from back pain or any orthopaedic problem? YES/NO  
If YES please indicate which
8. Do you suffer from severe headaches or migraines? YES/NO
9. Are you recuperating from a recent illness/operation or injury? YES/NO  
If YES please expand:
10. Have you any medical condition that we should be aware of? YES/NO
11. Are you pregnant? If YES, how many months? YES/NO
12. Is there any history of heart disease in your immediate family (under the age of 55)? YES/NO

Please note: If you answered YES to any of questions 1 to 12, you are advised to seek medical advice/approval before commencing an exercise induction or exercise programme, or consult further with your instructor.

*I have been informed both verbally and in writing that if I answer YES to any of questions 1 to 12 of this questionnaire, I should seek medical advice/approval before commencing an exercise programme and or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the ..... Centre and any of its employees cannot be held responsible for any injuries or ill health arising from my participation.*

Signed: ..... Date: ..... Consultant: .....

# Pilates

## Informed consent form

I hereby state that I have read, understood and answered honestly the questions on the PAR-Q. I wish to participate in physical activities that will include a Pilates warm-up preparation phase involving standing and lying exercises and a main mat-based Pilates session with floor based exercises. These could involve use of small equipment such as a resistance band, blocks, foam rollers or Pilates rings. The session will also include flexibility exercises.

I realise that in participating in these activities I may be at risk of injury and even the possibility of death. I hereby confirm that I am participating voluntarily.

Client's name: \_\_\_\_\_

Client's signature: \_\_\_\_\_

Instructor's name: \_\_\_\_\_

Instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Additional note: I confirm that, if necessary I have taken medical advice and my doctor has agreed that I should exercise

\_\_\_\_\_  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_