



Please complete and return this screening form prior to starting any exercise programme/class.

All information given is strictly private and confidential and gives your teacher a greater understanding of your current fitness and state of health.

Personal Details

Name.....

Email address.....

Tel No..... Mobile.....

Occupation..... D.O.B.....

I give permission to Yogafit4you to contact me with news and information upcoming events or tick the box to opt out

How often do you exercise.....a week.....each month.....other

What kind of exercise have you been taking?.....

IF YOU ANSWER YES TO ANY OF THE FOLLOWING PLEASE CONSULT YOUR DOCTOR BEFORE THIS OR ANY OTHER CLASS.

Are you dieting?.....Do you smoke?.....Are you pregnant?.....

Do you suffer from:

Heart Disease?.....Dizziness?.....Stroke.....Thrombosis?.....

Chest Pain?.....Stomach pains?.....Pains in joints?.....Back pain?.....

Are you on any medication?.....

if yes what is it prescribed for?.....

PLEASE REMEMBER TO WORK AT YOUR OWN LEVEL OF FITNESS AND NEVER TRY AND COMPETE WITH THE PERSON NEXT TO YOU!

I THE UNDERSIGNED HAVE READ AND COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE.

Signed..... Dated.....

Carol Jackson B.S.Y.A. & S.Y.T.C.C. & U.K.A.D.T
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