

## Pre-Exercise Form



***Please fill in this health check form and return it, signed, before attending a class.***

➤ Emergency Contact & Number

➤ Current Condition and Medication (Please Detail)

---

---

➤ Any Surgery in the last 10 years (Please Detail)

---

---

➤ Do you have any issue with your shoulder, elbow, wrist or hand? \_\_\_\_\_

\_\_\_\_\_

➤ Do you have any issue with your hip, knee, ankle and foot? \_\_\_\_\_

➤ Do you suffer from back pain? \_\_\_\_\_

---

➤ If you have been diagnosed with a spinal pathology, please write it here:

---

➤ Do you have heart disease? \_\_\_\_\_

➤ How is your blood pressure? \_\_\_\_\_

\_\_\_\_\_

➤ Do you have asthma or breathing difficulties? \_\_\_\_\_

\_\_\_\_\_

➤ Do you have diabetes? \_\_\_\_\_

\_\_\_\_\_

➤ Have you been diagnosed with Osteoporosis or Osteopenia? Please give more details : \_\_\_\_\_

\_\_\_\_\_

➤ Do you have Epilepsy? \_\_\_\_\_

➤ Are you pregnant? \_\_\_\_\_

➤ Please give details about any of conditions mentioned above, anything else that has not been mentioned as well as any medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[ ] *I have given all relevant information and confirm I will take responsibility for myself and will stop exercising during the class if I need to. I will inform YASYOGA of any changes to my medical condition/s.*

Signed: \_\_\_\_\_

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

Thank You, *Yasue*

