Lovett Pilates with Caroline Lovett - 07852 760720
lovettpilates@gmail.com

Original Date:
Dates Revised:

HEALTH HISTORY QUESTIONNAIRE

You must complete the following questionnaire before participating in any physical activity. We recommend that if you are engaging in a new fitness regime, you should consult your doctor before doing so. If you are suffering from a medical condition, we strongly advise you to take medical advice before joining a class as there may be a risk that use of our classes could exacerbate your condition.

All information will be treated as confidential.

Name *(Last, First, M.I.):*	☐ M ☐ F	**DOB:**
Address:	**Tel:**	**Email:**

Doctor :
Address :

PERSONAL HEALTH HISTORY
Please Read the following carefully. If you do not understand the questions or are not clear about anything on this from, please ask your instructor before you sign it.
1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity **?** **Yes / No**
2. Do you have chest pain brought on by physical activity **?** **Yes / No**
3. Have you developed chest pain in the last month **?** **Yes / No**
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness **?** **Yes / No**
5. Do you have a bone or joint problem that could be aggravated by partaking in this class **?** **Yes / No**
6. Has a doctor ever recommended medication for your blood pressure or a heart condition **?** **Yes / No**

7. Are you aware, through your own experience or a doctors advice, of any other physical reason that would prohibit you from exercising without medical supervision ?
Yes / No

8. Please give details of any other permanent medical conditions you may have that may affect your ability to exercise .

I hereby state that I have read, understood and answered honestly the questions above and that any statements made by me in answering this Pre-Activity Questionnaire are true and accurate. I also state that I wish to participate in activities which may include pilates based exercises along with other studio resistance exercises. I realize that my participation in these activities involves a risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise given my knowledge of my health and will comply with any medical advice I have received.

In addition, I hereby undertake to inform Caroline Lovett (Lovett Pilates) in writing of any change in my health that may change any answer I have given on this form or would otherwise affect my ability to exercise.

Signed by

Name :

Date :

In the event of an emergency, please would you contact :