

PHYSICAL ACTIVITY READINESS AND HEALTH
QUESTIONNAIRE
YORK POLE DANCE ACADEMY

Do you have any family history of the following;

Heart disease	NO	YES
Cholesterol problems	NO	YES
Stroke	NO	YES
High Blood pressure	NO	YES
Epilepsy	NO	YES
On any medication	NO	YES

If yes to any of the above please give details.....

Are you pregnant or have in the last 3 months been pregnant?

Do you have any existing injuries or have any bone or muscle problems?

Any other health information – recent illness? have you had surgery recently? Have you had/are having Orthopaedic or physiotherapy treatment? Special requirements? Extreme allergies? Any reason why you can't take part in a fitness class?

Have you ever taken part in a similar class before? NO YES

To what level?

What are your exercising aims?

I confirm that I will let the instructors know and fill in a new updated questionnaire if there are any changes to my health / answers given above. I also confirm that I am over the age of 18 years.

Student Signed + Date _____ Instructor Signed + Date _____

FULL NAME _____

AGE + DOB _____ GENDER M F

ADDRESS _____

 TELEPHONE NUMBER

 If you have answered yes to any of the above seek medical guidance before taking part in a class. All information is private and confidential.