

# PAR-Q HEALTH QUESTIONNAIRE

Email to: [yoga@rufflets.co.uk](mailto:yoga@rufflets.co.uk)

Please answer all questions honestly and to the best of your knowledge:

Name:

Name & Number Emergency Contact:

D.O.B:

Telephone Number:

Email:

GP:

Occupation:

Activities/Hobbies:

Reason for attending Yoga Class:

## Section 1 – General Health

		YES	NO
1.	Has your doctor ever said you have a heart condition and/or high or low blood pressure?  <b>Details:</b>		
2.	Do you feel pain in your chest at rest, during daily activity or when you do physical activity?		
3.	Do you lose balance because of dizziness or have you lost consciousness in the last 12 months?		
4.	Have you ever been diagnosed with a chronic condition (other than heart disease or high blood pressure)?  <b>Details:</b>		
5.	Are you currently taking any prescribed medications?  <b>Details:</b>		
6.	Do you have any joint problems or other conditions that may affect your ability to exercise?  <b>Details:</b>		
7.	Do you have any mental health or learning conditions that need to be considered by the teacher/therapist?  <b>Details:</b>		

**Hands-on adjustments are used where appropriate. Please state clearly if this is not required. By signing the declaration, you are agreeing to new GDPR guidelines whereby your data will be stored on a secure computer and you will only be contacted with information relevant to the service you use.**

**Section 3 – Declaration** I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge this is valid for 12 months from the date signed and becomes invalid if my condition changes.

Signed:

Date: