

Pilates Health Screening Questionnaire

Please complete this form and e-mail it to me at body.align@outlook.com

<u>Personal Details</u>	<u>Emergency Contact</u>
Name: Date of Birth: Address: Phone Number: Email Address: Preferred Method of Contact:	Name: Contact Details: GP's Name: Surgery Name & Address:

Medical History

Are you currently on any medication?

Are you currently being treated for something?

Have you had any serious illnesses or injuries? Please give details

Are you pregnant? Or had a child recently?

Do you suffer with any of the following?

Low Blood Pressure

High Blood Pressure

Epilepsy

Diabetes

Arthritis

Osteoporosis

Scoliosis

Hypermobility

Hypomobility

Breathing Problems

Heart Problems

Back Pain

Joint Problems

Depression

Anxiety

Mental Health

Pelvic Floor Problems

Balance

Allergies

Neck Problems

Headaches/Migraines

Other

If you answered yes to any of the above, please give details:

GDPR Compliance

In compliances with GDPR legislation, can you please complete the following:

I would like to receive emails from Body Align*(circle appropriate answer):

YES **NO**

**If you wish to stop receiving communications from Body Align at any time, you will be able to do so by replying to an email with 'Unsubscribe' or 'Remove me from your mailing list'*

Retention of Data

Body Align will retain your Personal Data only for as long as is necessary. We will retain and use your Personal Data to the extent necessary to comply with our legal obligations, resolve disputes, and enforce our legal agreements and policies.

I agree to Body Align retaining my personal data supplied within this form (circle appropriate answer): **YES** **NO**

Disclaimer

By signing this I am aware that by participating in these classes I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might occur through participation.

I acknowledge that participants should consult a GP before undertaking exercise. By taking part in these classes, I agree that I am physically fit and have no medical conditions that would prevent my safe participation.

Date:

Signature: