



# Dummer Yoga

Debra Mann, Yoga Teacher



Please forward completed form to [debra@dummeryoga.co.uk](mailto:debra@dummeryoga.co.uk) or bring along to class.

## **Your details** (please use BLOCK CAPITALS)

Full Name:	
Tel Number:	
Email address:	
Emergency contact:	

## **Fitness questionnaire** (please circle)

To make classes as suitable as possible for everyone, please complete the following questions. **All information provided will be treated confidentially.**

1. Has your doctor ever said you have a heart condition?  
Yes / No
2. Do you ever feel pain in your chest when you do physical activity?  
Yes / No
3. Do you ever faint or have dizziness?  
Yes / No
4. Do you ever have joint problems that could be made worse by exercise?  
Yes / No
5. Have you ever been told that you have high blood pressure?  
Yes / No
6. Is there any other relevant health information that you feel I should know of? *Please write below*
  
7. How did you find out about Dummer Yoga?  
*Internet / Poster / Through a Friend / Other (Please detail below)*