



THE WINDMILL STUDIO

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ADULT FITNESS & DANCE – AERIAL HOOP & POLE

MEDICAL HISTORY

Have you ever suffered from heart trouble?	Yes/No
Are you presently taking any form of medication?	Yes/No
Do you suffer from chest pains?	Yes/No
Do you ever have spells of dizziness or feel faint?	Yes/No
Have you ever had either high or low blood pressure	Yes/No
Have you have you ever suffered with high cholesterol?	Yes/No
Have you ever had asthma?	Yes/No
Have you ever had chronic bronchitis?	Yes/No
Do you suffer with any back pain?	Yes/No
Do you suffer with any headaches or migraines?	Yes/No
Are you recuperating from a recent illness/operation or injury?	Yes/No
Is there any history of heart disease in your immediate family?	Yes/No
Are you pregnant?	Yes/No
Are there any medical conditions we should be aware of?	Yes/No

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PLEASE NOTE:

If you have answered YES to any of the questions above, you are advised to seek medical advice or approval before commencing any exercise session.

I have been informed verbally and in writing that if I answer YES to any of questions above, I should seek medical advice/approval before commencing an exercise session. If I wish to continue without such advice I do so entirely at my own risk.

I confirm that I have read, fully and understood and answered the entire questions above, honestly. I understand that the instructor cannot be held responsible for any injuries or ill health of any kind that arise following the attendance of this session.