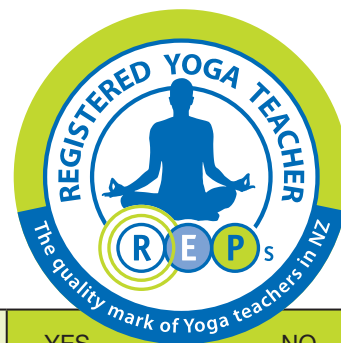


NZ Register Of Exercise Professionals YOGA Readiness Questionnaire

Approved And Recommended By The Nz Register Of Exercise Professionals (REPs).
For use exclusively by REPs Registered Yoga Teachers only.



IF YOU TICK YES TO THIS QUESTION PROCEED ONLY UNDER MEDICAL GUIDANCE	YES	NO
DO YOU KNOW YOU HAVE ONE OR MORE OF: Diagnosed heart condition or stroke? Diagnosed pulmonary disease? Unreasonable leg or chest pain during physical activity? Unexplained dizziness or fainting during physical activity?		
IF YOU TICK YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE DO INFORM YOUR INSTRUCTOR BEFORE YOU START	YES	NO
YOGA EXPERIENCE: Are you new to yoga?		
SURGERY: In the last 18 months?		
PREGNANT? Now or in the last 12 months?		
BLOOD PRESSURE: Known high or low blood pressure? Or, are you on blood pressure medication?		
EPILEPSY? Possible unexpected seizure?		
ANYTHING ELSE? Any other condition that may increase the risk of participation in yoga?		
BONE AND JOINT: Known bone or joint problem that could be aggravated by yoga (circle the area below)?		
PAIN or INJURY: If you have any pain or musculoskeletal (joint/muscle/tendon/ligament) injury or condition, please circle the area(s) below, and add any information you would like to share. _____ _____ _____		

- I acknowledge that information provided above regarding my health and personal information is, to the best of my knowledge, correct.
- I will inform my REPs Registered Yoga Teacher immediately if there are any changes in my health status.
- I understand that participating in yoga can carry a risk, and I accept all responsibility for that risk.
- I understand that due care will be undertaken by my REPs Registered Yoga Teacher at all times.

NAME:	
SIGNATURE:	DATE: