

Dojiva classes with Danny Bridgeman

MEDICAL HISTORY FORM

Please also see the policies document and health and safety advice sheet

NAME: _____ EMAIL: _____

MOBILE: _____ DOB: _____ TODAYS DATE: _____

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PLEASE LIST ANY CURRENT AND PAST INJURIES:

ARE YOU TAKING ANY MEDICATION? (If yes, please provide details):

ARE YOU UNDER THE CARE OF YOUR GP OR OTHER HEALTHCARE PRACTITIONER? (Please provide details):

PLEASE BRIEFLY NOTE YOUR REASONS FOR TAKING UP A DOJIVA EXERCISE CLASS:

IS THERE ANYTHING ELSE WE SHOULD BE AWARE OF BEFORE YOU TAKE CLASS?

THANK YOU FOR YOUR TIME