

## Swan Pilates - Medical Clearance

This person wishes to take part in a weekly group pilates or yoga exercise class.

Bearing in mind the medical history and any recent surgeries, medical conditions or injuries this person may have had, it is my obligation to ensure that he/she has your approval and advice before taking part.

The exercises taught in these classes are of a clinical nature, but will be generalised and not specific to the individual. They will contain modifications and progressions of Pilates and yoga mat-based exercises.

Every precaution will be taken to ensure the participant's safety during their participation. The content of the class has been designed to improve muscular strength, endurance and flexibility.

Group classes are designed for mixed abilities.

I approve of ..... 's... participation in this class. The health status of this person will permit him/her to participate in the program subject to restrictions listed below. Please list any exercises or movements below that this person should not perform or precautions to be taken.

Name of Treating Doctor/Consultant .....

Signature: .....

Practice Stamp or name and address of practice:

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Swan Pilates and yoga  
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