



Pre-Exercise Health Questionnaire

Name:

Baby's Name & D.O.B:

Baby's Age & Weight:

Address:

Mobile:

Email:

Emergency contact details:

Type of Delivery (vaginal/caesarean/assisted):

Date of your Post-Natal check-up:

Can you briefly detail your previous and current exercise activities:

Previous: 
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Current:

Previous occupation (optional):

Do you have a medical clearance to start exercising from your OBGYN?

Are you breastfeeding?

Do you have any pain in your back or joints?

Do you suffer from a weak pelvic floor?

Are you currently taking any medication, if so please specify?

Have you ever experienced any of the following conditions:

Please circle or insert YES in the boxes below.

Symphysis Pubis Dysfunction (pain in the central pubic area)	Sacrum or Sacroiliac Joint Pain (pain in the very low mid back - top of buttocks)	Bleeding during or after exercise or any unexplained bleeding
Carpal Tunnel Syndrome (Wrist/finger/hand forearm - pain/numbness or tingling)	Knee Pain (Side, front or back)	History Or Current Episodes of High/low blood pressure, episodes of faintness, dizziness or breathlessness
Upper Back/Neck/Shoulder Pain	Coccyx Damage or Pain	Separation of your abdominal muscles
Incontinence (Urinary or Faecal)	Prolapse (Uterine, Bladder, Rectum, Vaginal)	Breast Health/Breast Feeding Issues/Mastitis
Piles/Haemorrhoids/Varicose Veins/ Constipation	Episiotomy Cut, Painful Perineum or Tears (Degree if known)	Nerve Damage During Birthing (Pudendal)
Gestational Diabetes	C-Section wound discomfort or slow healing or on-going numbness	Anaemia or taking Iron medication
Joint Pain / Muscle Pain	Buttock/Piriformis Pain/ Sciatica	Other: Please describe

Does your baby have any health/medical issues relevant to this class?

Do you own a baby carrier, if yes please provide details:

Kangatraining Informed Consent & Waiver

Possible risks: Your instructor will make various efforts to minimise any potential risks. However, you must be aware that exercise has some potential side effects and risks. It is possible throughout the class you may experience abnormal blood pressure, irregular heart rhythm, dehydration, fainting and/or dizziness. It is also possible that you or your baby might seriously injure yourselves from the use of equipment, failure of equipment, tripping or falling, or other hazards associated with the studio/equipment, moving around while exercising, and your surroundings. In very rare circumstances, it is possible that exercise can cause heart attack, stroke or death.

Your responsibilities: It is extremely important that any physical or other symptoms that you or your baby experience whilst participating in the program are explained to your instructor, even if you feel that they might not be important. It is also important that you tell your instructor any information you possess about you/babies health status, or changes to health during the course of your program, especially those that relate to heart problems including shortness of breath, pain, pressure, tightness or heaviness in the chest, neck, back, jaw, calf area and/or arms. By telling your trainer this information you are minimising your risk or injury, complications and death. It is expected that you will tell your instructor all medications you use, begin to use or cease using (including non-prescription) prior to participation in your initial or regular class. It is also expected that any short term changes to your usual medication regime are reported to your trainer (e.g. forgetting to take your medication one morning).

Release and Indemnity: I understand all of the information and instructions outlined in this informed consent, have had time to discuss any concerns with an instructor or any other health professional, and considering this, agree to participate in the Kangatraining Program at my own risk. I also agree to release and indemnify Kangatrainer ___Jacole___, and all of its employees from or against any actions or claims arising from any injury, loss, damage or death caused to me or my children.

Freedom of Consent: I hereby consent to voluntarily engage in the exercise program considering the above information. I understand what is expected of me and the risks and procedures associated with this program. After fully reading this document and having had sufficient time to ask and have any questions answered, I voluntarily consent to participate in the Kangatraining class with my child.



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Date _____ Signature _____