

Appendix D

**The New York Pilates Studio®
Teacher Certification Program**

**Applicant Student Medical History Form
2006-2009**

Name: _____

Address: _____

Date of Birth: _____

Please list medications, if any:

Frequency of exercise, and any additional relevant activity:

Pre-existing conditions, prior injury, or limitations, which may potentially impact participation in the Certification Program:

Hospitalizations or surgeries, and dates:

Please attach a physicians' note if there are 'warnings,' associated with your medications, and/or there are any potential physical/mental/pre existing conditions which could impact or limit participation in the Program.