



STUDENT HEALTH QUESTIONNAIRE

to be filled in when joining yoga class

All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

Name e-mail

AddressDOB.....

Telephone number Home Mobile

Emergency contact name and tel. no

How long have you practised yoga?Which teacher?.....

How did you hear about Do Yoga classes?.....

How regularly do you participate in other physical activity? e.g. swimming, aerobics, walking etc
.....What is your occupation?.....

The following information is required to ensure your safety. Whilst yoga may be practised safely by the majority of people, there are certain conditions which require special attention. **If you are unsure please consult your GP before commencing class.** Please tick the boxes below if you have any of the following medical conditions:-

These conditions require specific modifications to your yoga practice. If yes, please give details.

- | | | | |
|---|--------------------------|---------------------------|--------------------------|
| abdominal disorder or recent surgery | <input type="checkbox"/> | shoulder or neck problems | <input type="checkbox"/> |
| arthritis (osteo or rheumatoid) | <input type="checkbox"/> | heart disorders | <input type="checkbox"/> |
| back pain (if known cause please state) | <input type="checkbox"/> | high blood pressure | <input type="checkbox"/> |
| knee problems | <input type="checkbox"/> | low blood pressure | <input type="checkbox"/> |
| hip problem | | | |

These conditions may affect your practice and so provide useful information for your tutor.

- | | |
|---|--------------------------|
| asthma | <input type="checkbox"/> |
| diabetes | <input type="checkbox"/> |
| auto-immune disorder (e.g. M.E. M.S. Lupus etc) | <input type="checkbox"/> |
| epilepsy | <input type="checkbox"/> |
| anxiety/depression | <input type="checkbox"/> |
| sensory disorder affecting eyes or ears | <input type="checkbox"/> |
| balance affecting disorder | <input type="checkbox"/> |
| other (to be discussed with tutor) | <input type="checkbox"/> |

Are you /could you be, pregnant, or have you given birth in the last six weeks? Yes/No

PLEASE TURN OVER - THERE ARE SOME MORE QUESTIONS ON THE REVERSE...

Do you have any old injuries that still trouble you? Yes/No Please give details.....

Are you currently receiving treatment, taking medication or have **any other** medical conditions not covered above that might be badly affected by yoga practice?

Yes/No

If yes, please provide details.....

Have you had any recent operations (in the last two years)?

Yes/No

If yes, please advise what the operation was.....

DECLARATION

Please tick this box if you do not wish to declare medical information

I confirm the above information is correct. I understand that it is my responsibility to :-

- check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class.
- advise you, the yoga tutor, of any change in my medical information.
- follow the advice given by my doctor and/or you, the yoga tutor.

Name (please print).....

Signed.....Date.....
DK

ad by

Medical Advice Disclaimer: *If you require medical advice relating to a particular health problem, I strongly urge you to contact your doctor or other medical practitioner. I'm not qualified to provide medical advice: my classes are for general well being and, though I will offer modifications to enable you to participate fully in the class, it is your responsibility to work within your own capability and seek advice from a qualified health professional where necessary.*

UPDATE.....

Signed.....Date..... Read by DK

UPDATE.....

Signed.....Date..... Read by DK