

STUDENT HEALTH QUESTIONNAIRE

The following information is required for your safety. If you have any specific medical concerns or have an existing health condition it is best to consult with your GP before attending a yoga class

Contact Information

Name:

DoB:

Contact Number:

Email:

Emergency Contact Information

Name:

DoB:

Contact Number:

Email:

Medical History

Have you had a major injury in the last 5 years: Yes/ No

If "Yes" please give more details here:

Are you taking any prescribed medication: Yes/ No

If "Yes" please give more details here:

Are you receiving treatment for any diagnosed medical conditions: Yes/ No

If "Yes" please give more details here:

Have you had any recent operations: Yes/ No

If "Yes" please give more details here:

Medical Condition

The following conditions require specific modifications to your yoga practice. Please indicate below whether or not you have any of the following medical conditions.

Abdominal disorder or recent surgery

Unspecified back pain/ problems

Arthritis (osteo or rheumatoid)

Spinal injury

- Joint replacement
- Knee problems
- Hip problems
- Shoulder problems

- Neck problems
- Heart disorders
- High blood pressure
- Low blood pressure

Please indicate if you ever experienced any of the following:

- Unusual shortness of breath with very light exertion
- Pain, pressure, heaviness or tightness in the chest area
- Unexplained pain in the abdomen, shoulders or arm
- Severe dizzy spells or episodes of fainting
- Regular lower leg pain during walking that is relieved by rest
- Palpitations or irregular heartbeats
- Currently pregnant or have given birth in the last 6 months

Please share any other information you think might be relevant to your instructor:

Student Declaration

I can confirm that I have answered all questions honestly and that the information given is correct.

Print Name:

Date:

Signature:

Please forward this form to your instructor at jessdoesyoga@outlook.com