

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

Your Contact Information

- Name:
- Contact Number:
- Email:

Emergency Contact Information

- Name:
- 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
- Arthritis (osteo or rheumatoid)
- Unspecified back pain/ problems
- Spinal injury
- Joint replacement
- Knee problems
- Hip problems
- Shoulder problems
- Neck problems
- Heart disorders
- High blood pressure
- Low blood pressure

- 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

STUDENT HEALTH QUESTIONNAIRE, CONT'D

Do you have any of the above symptoms? Yes/ No

If "yes", please give more details here:

Student Declaration

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

Signature:

Print Name:

Date:

Please inform your teacher if any of the above changes. For any queries, please email jesseng628@gmail.com. Thank you!