



Confidential health declaration for all yoga students. Please read carefully and complete before starting classes.

It is important to discuss medical matters with your teacher before the class. Please give more details of illnesses/ injuries (mentioned or not below) overleaf.

Please declare if you have or have had any of the following	YES	NO	Using Medication
Hypertension (High Blood Pressure)			
Low Blood Pressure			
Heart Disease (Angina)			
Heart Attack (if yes when?)			
Epilepsy (major or minor?)			
Diabetes (diet controlled or insulin injections)			
Treatment for Cancer			
Detached Retina			
Menieres Disease			
A Stroke (if yes when?)			
Multiple Sclerosis			
ME (Myalgic Encephalomyelitis)			
Asthma			
Blood Borne Infection (Circle) HIV Hepatitis A B C (other)			
Any Allergies (please specify)			
Varicose Veins			
Nose Bleeds			
Anxiety (panic attacks)			
Depression			
Structural Damage (circle below and give details when, how, treatment?)			
Neck Injury Back Injury Shoulder Injury			
Hip Injury Knee Injury Ankle Injury Other (Please specify)			

Pregnancy	YES	NO	
Are you pregnant now?			
Have you given birth in the past 12 months			

Please feel free to discuss these or any other health related matters with your teacher in strict confidence. It is essential that you bring your own medicines to class with you for the treatment of Angina, Asthma, Diabetes Allergic reactions, etc.

Should you need assistance in the event of an incident your signature is required

Your Name: _____ Your emergency contact's Tel: 1) _____
 Your home No. (if different) 2) _____

Signature _____ Date _____