Hatha Yoga Health Screen

Name………

Address……

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Email………

Mobile number………

Emergency Contact………………………………………………………………………………………………………

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DOB……

Reasons for doing Yoga: (circle)

Exercise   Stretching   Strengthening   Relaxation   Meditation   Chanting

Asana/Posture   Breathwork/Pranayama   Spiritual Experience   Health/Wellbeing

Other………

………

Heath: (circle)

High BP   Low BP   Fainting   Arthritis   Diabetes   Epilepsy   Heart Problems

Asthma   Depression   Eye Problems   Fractures/Sprains   Recent Operation

Back Problems   Neck Problems   Knee Problems   Post Natal   Pregnant

Perimenopausal/Menopausal   ME/MS

Please give details………………………………………………………………………………………………………

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Please list medications and what for………………………………………………………………………………………

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Have you done yoga before? (circle) Yes / No

If yes please state style, how long ago and how often.

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Name..…......................

1. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reeducation and relief of muscular tension. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the teacher. I assume full responsibility for any and all risks, injuries or damages, known or unknown, which may incur through participation.

2. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a doctor has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the teacher aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am postnatal or post-surgical, my signature verifies that I have my doctor's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I am signing this agreement voluntarily.

Signed...

Date...

Parent/Guardian signature if under 18yrs..…

Please inform Lisa if any of this information changes.