

HEALTH CHECK FOR YOGA CLASS

Do you suffer from:	YES	NO	Medication used
Hypertension (high blood pressure)			
Heart Disease (angina)			
Epilepsy			
Diabetes (diet controlled/insulin injection)			
Have you been treated for Cancer			
Detached Retina			
Meniere's Disease			
Multiple Sclerosis			
M.E. (Myalgic Encephalomyelitis)			
Have you been diagnosed H.I.V. Positive?			
Asthma			
Allergies (nuts, latex etc)			
Varicose Veins			
Do you suffer from nosebleeds?			
Are you Pregnant?			
Have you had any operations?			
Do you suffer with any Physical Disabilities			
Do you suffer with any Mental conditions (depression etc)			
Neck or Shoulder Problems			
Back Problems			
Hip Problems			
Ankle Problems			
Arm Problems			
Pelvic Problems			
Knee Problems			

Please give details if you have answered yes to any question:

Who to contact in an emergency..... Tel.....

I have completed this health form to the best of my knowledge. Name.....

Signed..... Date..... Email

Tel. Address.....