

BNNH Yoga Enrolment Form

confidential information

Section A: Personal information			
Surname	First Name	DOB ___/___/___	
Address			
Phone	Email		
Emergency Contact		Phone	
Section B: Health / Medical History			
Do you now, or have you had in the past? (Please tick for YES)			
Heart condition	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	Palpitations	<input type="checkbox"/>
Significant difficulty with physical activity	<input type="checkbox"/>	Significant breathing/Lung problems	<input type="checkbox"/>
Neck or Back Pain / Injury	<input type="checkbox"/>	Chest pain, left arm pain or jaw pain with exertion	<input type="checkbox"/>
Thyroid condition	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Muscle or joint pain	<input type="checkbox"/>
Diabetes Type 1	<input type="checkbox"/>	Are you currently pregnant? 0-3 months 3-6 months 6-9 months	
Diabetes Type 2	<input type="checkbox"/>		
Mental / Emotional Problems	<input type="checkbox"/>		
Do you take any prescribed medications and/or herbal medicines? If yes please list them below 			

Section C: Current Fitness Level
Do you currently do any physical exercise? If so, what and how often?
Have you practiced Yoga before? If so what system of Yoga & for how long?

Section D: Goals

What are some goals you would like to achieve by practicing Yoga?

Section E: Advice

if you have ticked any of the conditions in Section B above, you should check with your teacher whether a medical clearance will be required prior to starting a Yoga class.

You must be comfortable and pain-free throughout all activities. Remain within your personal limitations. If you experience any pain or discomfort in any of the practices - **STOP** - and ask the teacher for advice.

Should your Health/Medical condition change in the future, please inform your teacher, so your records can be updated accordingly, and your teacher can advise you appropriately.

Statement

I have answered the questions to the best of my ability and understand the advise given in **Section E**. I also understand that the teacher cannot give me medical advice with regards to my medical fitness and that the information given will be used as a guideline to the limitation of my ability for Yoga activities.

Signed (Student)

Date ___ / ___ / _____

Signed (Teacher)

Date ___ / ___ / _____

Office Use Only

Medical Clearance (To be completed by teacher)

Was a medical clearance form indicated? (circle). **Yes** **No**

If **YES**, how was it obtained (circle)? Written letter Email By Phone (with student's permission)

Date received ___ / ___ / _____

Comments