

HEALTH WAIVER FORM FOR NEW YOGA STUDENTS

As your yoga teacher I need to know of any problems or limitations you might face to make necessary modifications for you return to me prior to starting classes.

All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation (please ask if you would like a copy of my Privacy Notice).

**Student Details**

Name:

Date of birth:

Address:

Email:

**Emergency Details:**

Name:

Date of birth:

Address:

Email:

**Medical History Information:**

* Have you had any injuries in the last 3 years: Yes/ No If “Yes” please provide details here:
* Are you taking any medication from your doctor: Yes/ No If “Yes” please provide details here:
* Are you under the care of a doctor or consultant for any diagnosed condition: Yes/ No If “Yes” please give more details here: Have you recently had any surgery for any condition Yes/ No If “Yes” please provide details here:

**Medical Conditions that could affect your Yoga Practice:**

* Recent surgery / abdominal surgery
* Back problems /spine issues/spinal injury
* Arthritis or rheumatoid
* Joint Replacement
* Knee Issues
* Hip Problems
* Shoulder Problems
* Neck Issues
* Heart Issues
* High/Low blood pressure

**Please can you confirm if you have experienced any of the following recently :**

* Shortness of breath
* Chest Pain
* Undiagnosed shoulder, neck and abdominal pain
* Issues with fainting or dizziness
* Issues with walking that is relieved with rest
* Heart Palpitations
* Have you recently given birth within 12 months or are you currently pregnant?

**STUDENT HEALTH DECLARATION**

I confirm the above information is true and accurate to the best of my knowledge and that I take responsibility for my own health and safety whilst participating in the yoga class. I also understand that it is my responsibility to:

* Check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class.
* Bring to the teacher’s attention, before I attend class, any changes to my medical conditions and/or health concerns.

Name (please print):

Signature:

Date: