

The Norfolk Yoga Centre

Health Declaration

(The information you provide will only be used for the purpose of contacting you regarding classes held by the Norfolk Yoga Centre)

1. Why do you want to practice yoga?
2. Have you practiced Yoga before? If yes what styles and for how long?
3. Do you practice any forms of exercise? If so what and how often?
4. Do you teach yoga? If so what style?
5. Do you have any back, shoulder, knee, hip, hand or other injuries or problems?
6. Are you taking any medication? Yes / No If yes please give any details.
7. Have you any blood related condition (high or low blood pressure, high or low sugar levels)
8. Do you have a heart condition? If so what?
9. Do you have any ear or eye conditions (detached retina, glaucoma?)
10. Have you had any joint problems, broken bones, operations, recent surgery or history of hernia?
11. Are you pregnant or recently given birth. If so how long?

12. Can you sit on the floor and get up unaided?
13. Have you had any history of epilepsy?
14. Please note down anything else you feel is relevant
15. By signing the form you take full responsibly to practice within your limits. If you have health issues it is important to consult with your medical practitioner before starting any new exercise. You take full responsibility for any risks, injuries or damages known or unknown that may occur. It is your responsibility to make sure you can see and hear the teacher and the teacher is also able to see you well.

Name:.....D.O.B:.....Signed:.....

Address:.....

Tel:.....Email:.....