

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

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

Address:.....

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