



# STUDENT HEALTH QUESTIONNAIRE



To be completed by yoga class participants. All information will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

<b>Name:</b>		
<b>Date of Birth:</b>		
<b>Address:</b>		
<b>Email:</b>		
<b>Telephone:</b>	<b>Home:</b>	
	<b>Mobile:</b>	
<b>Emergency contact name:</b>		
<b>Emergency contact tel no:</b>		
<b>Have you attended a yoga class before?</b>		
<b>If yes, how long have you practiced yoga and what style of yoga have you practiced?</b>		

The following information is required to ensure your safety. Whilst yoga may be practiced safely by most people, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class. Please tick the boxes below if you have any of the following medical conditions.

<b>These conditions require specific modifications to your yoga practice. If yes, please give details:</b>		
Abdominal disorder or recent surgery	<input type="checkbox"/>	Arthritis (osteo / rheumatoid)
Unspecified back pain/problems	<input type="checkbox"/>	Spinal injury
Joint replacement	<input type="checkbox"/>	Knee problems
Hip disorders	<input type="checkbox"/>	Shoulder / neck problems
Heart disorders	<input type="checkbox"/>	High blood pressure
Low blood pressure	<input type="checkbox"/>	Other
<b>Further nformation:</b>		
<b>These conditions may affect your practice and so provide useful information for your tutor:</b>		
Asthma	<input type="checkbox"/>	Diabetes
Anxiety/Depression	<input type="checkbox"/>	Auto immune disorder (eg MS, ME, Lupus etc)
Epilepsy	<input type="checkbox"/>	Balance affecting disorder
Respiratory issues	<input type="checkbox"/>	Migraines
Sensory Disorder affecting eyes or ears	<input type="checkbox"/>	Other (discuss with tutor)
<b>Further nformation:</b>		
<b>Please tick this box if you do not wish to declare medical information</b>		<input type="checkbox"/>
<b>Please tick this box if you do not wish to receive any physical adjustments</b>		<input type="checkbox"/>

<b>Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by yoga practice?</b>
<b>Are you / could you be , pregnant, or have you given birth in the last six weeks?</b>
<b>Do you participate in any other physical activity, eg; gym, jogging, swimming, aerobics, cycling, walking or other?</b>
<b>How regularly do you do this?</b>
<b>How did you hear about this class?</b>

<b>DECLARATION</b>	
I confirm the above information is correct 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:	
<ul style="list-style-type: none"> <li>- check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class</li> <li>- advise the yoga tutor of any change in my medical information or ability to participate in the yoga class</li> <li>- follow the advice given by my doctor and/or yoga tutor</li> </ul>	
<b>Name:</b>	
<b>Signed:</b>	
<b>Date:</b>	

In order to comply with the General Data Protection Regulations, it is necessary to check whether, or not, you are happy for Human Compass to retain your contact details, and to email you information we think will be useful to you, including training and events, and relevant updates. We only hold information when it is necessary for us to carry out our work, and when you have given us permission to do so.

To ensure that we only communicate with you in a manner of your preferred choice, can you please indicate below your preference(s) or otherwise when contacting you.

<b>Means of Communication</b>	<b>YES</b>	<b>NO</b>
Post		
Email		
Telephone		
Other:		

Please note that you are able to amend these choices at any time by contacting Human Compass.