



## 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.

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

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

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?

Are you/could you be pregnant, or have you given birth in the last 6 weeks?

Do you participate in any other physical activity eg. gym, jogging, swimming, aerobics, cycling, walking, or other?

How regularly do you do this?

How did you hear about this class?

#### DECLARATION

I confirm the above information is correct and that I take full 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
- Advise the yoga tutor of any change in my medical information or ability to participate in the yoga class
- Follow the advice given by my doctor and/or my yoga tutor

Name:

Signed:

Date:

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 for 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.

Means of Communication	YES	NO
Post		
Email		
Telephone		
Other:		

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