



STUDENT HEALTH QUESTIONNAIRE

To be completed by yoga class participants for face to face and remote teaching. All information given will be treated in the strictest of confidence and stored in accordance with General Data Protection legislation.

Name:	
Date of Birth	
Address:	
Contact Number:	
Email:	
Have you attended a yoga class before?	
If yes, what type(s) and for how long?	

The following information is required to ensure your health. Whilst yoga may be practised safely by most people, there are certain conditions that require special attention. If you are unsure, please consult your GP before commencing class. Please indicate in the boxes below whether you have any of the following medical conditions.

<i>These conditions require specific modifications to your yoga practice:</i>			
Abdominal disorder or recent surgery		Arthritis (osteo or rheumatoid)	
Unspecified back pain/problems		Spinal injury	
Joint replacement		Knee problems	
Hip Problems		Shoulder or neck problems	
Heart disorders		High blood pressure	
Low blood pressure		Other	

<i>These conditions may affect your practise and so it will be useful for your tutor to be aware of them:</i>			
Asthma		Diabetes	
Anxiety/depression		Auto-immune disorder (e.g M.E., M.S., Lupus etc)	
Epilepsy		Balance affecting disorder	
Respiratory issues		Migraine	
Sensory disorder affecting eyes or ears		Other (discuss with tutor)	

Please tick (or otherwise indicate) in this box if you do not wish to declare medical information <i>Please be aware that your yoga teacher cannot give any modifications or alternatives that may be appropriate for conditions that have not been declared</i>	
Have you had any recent operations?	
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 six weeks?	
Do you participate in any other physical activity, e.g. gym, jogging, swimming, aerobics, cycling, walking etc.	
How regularly do you do this?	

Disclaimer
Please read carefully, your submission of this form, will be taken to indicate your understanding and acceptance of the following:
Please take care when filling in this questionnaire and check the contents are accurate before you submit it. By submitting the questionnaire, you are confirming that the contents are true and accurate to the best of your knowledge. Please notify your teacher of any changes to your responses in this healthcare questionnaire before participating in classes subsequent to those changes. Your teacher is not qualified to express an opinion that you are fit to safely participate in any yoga classes. You must obtain professional or specialist advice from your doctor before participating if you are in any doubt. Where possible, your teacher may offer suitable modifications or adjustments and practices to suit different levels of experience and ability. Please always let the teacher know before the class if this is your first time practicing yoga or if you are not confident about your experience and/or ability. Where you are taking part in live-streamed classes, please note that the instructor may not be able to see you at all times. Where you have declared a health condition, please contact the teacher before the class if you would like to request that you are provided with suitable modifications or adjustments wherever possible. Please note, where you are taking part in a pre-recorded class, you will not be able to request specific adjustments or modifications. In all classes whether face to face, live streamed remote or pre-recorded remote, always follow your teacher's safety instructions and listen to your body. Where a movement or class is beyond your experience or ability, feels too difficult for you, or you experience any discomfort, please do not continue the movement or class.

Name (please print)	
Signature <i>If using a printed out paper copy: Otherwise indicate with a tick or X)</i>	
Date:	

GDPR Statement
In order to comply with the General Data Protection Regulations, it is necessary for me to check whether or not you are happy for me to retain your contact details, and to send you information that I think may be useful to you, including training and events, and relevant updates. I only hold information when it is necessary to do so in order for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, please will you indicate below, your agreement, or otherwise, to the following means of communication:

Email YES/NO	Post YES/NO	Telephone YES/NO
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