

## **Inner Rhythm – Internal Arts Health Issues**

**NAME**

**ADDRESS**

**TELEPHONE**

**E-MAIL**

You are asked to complete the following questions regarding health issues as during class we will be doing physical exercises and breathing practices and some of these may effect some medical or health conditions. We ask for this information regarding your health so we can help you practice safely.

Certain medications may affect certain systems of your body, which may in turn affect the outcome of your practice.

**IMPORTANT**

If there is any change in your medical details, for example, if your condition worsens or a new condition develops, it is important that you let me know for your own safety.

**DECLARATION**

I certify that the information I have given is correct to the best of my knowledge. I am not aware of any medical condition other than those noted overleaf, which would prevent me practicing yoga. I understand that I am responsible for working within my own capabilities and physical limitations.

**SIGNED** -----

**DATE**-----

I agree that this information can be provided to a relief teacher on a strictly confidential basis. Yes / no

Thank you for taking time to complete the questionnaire.  
Many thanks  
Vivien

**THE INFORMATION GIVEN IS STRICTLY CONFIDENTIAL**

Please list any:

**Medical conditions**

**Physical conditions /limitations**

**Medication**

**Recent operations / accidents / illnesses**

Postural adjustments may be given during class.

Please state whether you agree to this.

Yes / No

Comments.