



Friday Night Yoga

with Ina Dittfurth &/or Sophie Darling
Senior MSK PhysioTherapist & Yoga Teachers



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 confidence and stored in accordance with Data Protection legislation.

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

The following information is required to ensure your safety. Whilst yoga may be practised 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.

General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
These conditions require specific modifications to your yoga practise. If yes, please give details.			
Abdominal disorder or recent surgery	<input type="checkbox"/>	Arthritis (osteo or rheumatoid)	<input type="checkbox"/>
Unspecified back pain / problems	<input type="checkbox"/>	Spinal injury	<input type="checkbox"/>
Joint replacement	<input type="checkbox"/>	Knee problems	<input type="checkbox"/>
Hip problems	<input type="checkbox"/>	Shoulder or neck problems	<input type="checkbox"/>
Heart disorders	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	Other	<input type="checkbox"/>
Further information:			

These conditions may affect your practice and so provide useful information for your tutor.

Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Anxiety / depression	<input type="checkbox"/>	Auto-immune disorder (e.g. M.E., M.S., Lupus etc.)	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Balance affecting disorder	<input type="checkbox"/>
Respiratory issues	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Sensory disorder affecting eyes or ears	<input type="checkbox"/>	Other (discuss with tutor)	<input type="checkbox"/>
Further information:			



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Please tick this box if you do not wish to declare medical information		
Have you had any recent operations (in the last two years)?		
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 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 responsibility for my own health and safety whilst participating in the yoga class, whether face to face or remote, and I also understand that it is my responsibility to: <ul style="list-style-type: none"> • 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 yoga tutor • remain on screen when participating in a remote yoga session <p><i>I understand that for any periods of time throughout a remote session during which I move off screen or are outside of the teachers's view, whether intentionally or not; no liability will arise on the part of the teacher.</i></p>		
Name (please print): + Parent Name if under 16yrs		
Signed: Parent if under 16yrs		
Date:		

In order to comply with the General Data Protection Regulations, it is necessary to check whether or not you are happy for me to retain your contact details, and to email you information I think will be useful to you, including training and events, and relevant updates. I only hold information when it is necessary 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, can you please indicate below your preference(s) or otherwise, when contacting you.

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

Means of communication	YES	NO
Post		
Email		
Telephone / mobile		