



## Student Health Questionnaire

**This is an example template and should only be used as general guidance when creating a health questionnaire.**

**We recommend you seek legal advice when writing your student health questionnaire.**

The following information is required for your safety. If you have any specific medical concerns or have an existing health condition it is best to consult with your GP before attending a yoga class

### Client Contact Information

- Name
- Date of Birth
- Address
- Contact Number
- Email

### Emergency Contact Information

- Name
- Date of Birth
- Address
- Contact Number
- Email

SAMPLE

### Medical History

- Have you had a major injury in the last 5 years: Yes/ No
- If "Yes" please give more details here:
  
- Are you taking any prescribed medication: Yes/ No
- If "Yes" please give more details here:
  
- Are you receiving treatment for any diagnosed medical conditions: Yes/ No
- If "Yes" please give more details here:
  
- Have you had any recent operations: Yes/ No
- If "Yes" please give more details here:



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### Medical Conditions

The following conditions require specific modifications to your yoga practice. Please indicate below whether or not you have any of the following medical conditions.

- Abdominal disorder or recent surgery
- Arthritis (osteo or rheumatoid)
- Unspecified back pain/ problems
- Spinal injury
- Joint replacement
- Knee problems
- Hip problems
- Shoulder problems
- Neck problems
- Heart disorders
- High blood pressure
- Low blood pressure

Please indicate if you ever experience any of the following symptoms.

- Unusual shortness of breath with very light exertion
- Pain, pressure, heaviness or tightness in the chest area
- Unexplained pain in the abdomen, shoulders or arm
- Severe dizzy spells or episodes of fainting
- Regular lower leg pain during walking that is relieved by rest
- Palpitations or irregular heartbeats
- Are you currently pregnant or have you given birth in the last 6 months: Yes / No

### Student Declaration

I can confirm that I have answered all questions honestly and that the information given is correct.

Signature:

Print Name:

Date:

Please inform your teacher if any of the above changes.