Karuna Yoga Vidya Peetham
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Health Assessment Form

Name: Ms/Mrs/Mr _____ Date: _____

Address: _____

Date of Birth: _____ Height: _____ Weight: _____

Email: _____ Mobile/Landline #: _____

Kindly answer the following sincerely. Please underline wherever necessary:-

- What is your purpose in learning yoga? i) Fitness ii) Relaxation iii) De-stress iv) Therapy v) Spiritual vi) Other
- Any prior experience of yoga? If yes, where :_____
- What is your level of fitness? i) Excellent ii) Good iii) Average iv) Poor
- What do you hope to achieve from being a practitioner of yoga? _____
- Have you suffered from any of the following conditions:

  i) High Blood Pressure ii) Low Blood Pressure iii) Heart Disease/Chest Pain iv) Diabetes v) Epilepsy vi) Arthritis

  vii) Asthma/Bronchitis viii) Anxiety/Depression ix) Headache/Migraine x) Insomnia/Sleeplessness xi) Hernia xii)Eye Strain xiii) Digestive Disorders like Constipation/IBS/Gastritis/Acidity/Indigestion/Peptic Ulcer/Ulcerative Colitis/Piles .
- Do you suffer from: i) Over Weight ii) Under weight ii) Anger iii) Fatigue iv) Excessive Stiffness v) Neck Pain

  vi) Back pain - Low back pain/Mid Back pain/Upper Back pain vii) Joint Pain – Knee Pain/Ankle Pain/ Toe pain/Hip Pain /Shoulder pain/ Elbow pain/ Wrist pain/finger pain .
- **For Ladies only:** Do you suffer from – i) Amenorrhoea ii) Dysmenorrhoea iii) Menorrhagia iv) Metrorrhagia

  v) Hypomenorrhagia vi) Oligomenorrhoea vii) Polymenorrhoea viii) Premenstrual Tension
- **For Ladies only:** Kindly mention if you are you pregnant _____
- Have you ever had surgery? If yes, what kind of surgery and when? _____
- Are you on any medication? If yes, for what and what type of medicine? _____
- Have you ever had an accident? If yes, when did it happen and how you were injured? _____

  _____
- Did you suffer with any major health problem in the past? If yes, kindly specify details with the date of occurrence.

  _____
- Have you suffered from any illness in the last 3 months? If yes, kindly specify details:

  _____
- Is there any further relevant information regarding your health that you think we should be aware of?

  _____

Declaration:-

I realize that the Yoga Training I receive is not carried out by medical doctors, but by qualified yoga teachers/ yoga therapists, and I assure you that all the above information is correct and complete at the time of signing. I hereby release the yoga teachers/yoga therapists, their parent affiliates, officers, directors and agents from all the claims, actions, costs, losses, expenses, damages, that I might have now or in the future for any injuries, death, mental impairment and damages resulting from my yoga training. Such release is binding upon my heirs, successors and assignees. I am fully knowledgeable as to the training I am undergoing, as well as my physical limitations and I agree to indemnify and keep yoga teachers/yoga therapists indemnified, against any or all claims whatsoever or loss or damage.

_____ _____

Signature of the Participant Place