



Being Yoga

Freedom in your body and mind

Yoga Retreat Medical Questionnaire

1. Do you have any muscle injuries? yes no

If yes, please explain: _____

2. Do you have any joint injuries? yes no

If yes, please explain: _____

3. Have you had any surgery in the last year? yes no

If yes, please explain _____

4. List all other surgeries you've had in the past: _____

5. Do you have any allergies? yes no

If yes, please list: _____

6. Are you on any medication? yes no

If yes, please list: _____

(some medications cause dizziness during exercise or when moving from sitting to standing position. There is no cause for alarm if this happens to you. Move slowly until the dizziness passes.)

7. Do you have any other illnesses or health issues that you would like us yes no to be aware of?

If yes, please list: _____

8. Please list 2 emergency contacts:

Name _____ Relationship _____

Work # _____ Home # _____ Cell # _____

Name _____ Relationship _____

Work # _____ Home # _____ Cell # _____

9. In case of hospitalization, do you have any information that you would yes no like us to provide to the hospital authorities and/or doctors?

If yes, please explain: _____

