



**health information:**

**date of birth (optional):**

Yoga can be practiced safely by the majority of people but certain conditions may require special attention. Please answer the following questions and if you are at all unsure, please consult your GP before attending the tranquility event.

**These conditions may require modifications to the yoga practice. Please tick any that apply to you and give details:**

- abdominal disorder .....
- arthritis (osteo or rheumatoid) .....
- back pain .....
- knee problems .....
- hip problems .....
- shoulder or neck problems .....
- heart disorders .....
- high or low blood pressure .....

**I need to be aware of any of the following conditions, please tick those that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> asthma   | <input type="checkbox"/> diabetes                   |
| <input type="checkbox"/> epilepsy   | <input type="checkbox"/> anxiety or depression      |
| <input type="checkbox"/> visual disorder                                  | <input type="checkbox"/> hearing disorder           |
| <input type="checkbox"/> auto-immune disorder<br>(e.g. M.E., M.S., Lupus) | <input type="checkbox"/> balance affecting disorder |

**If you are or could be pregnant, or have given birth in the last six weeks please give details:**

**If you have had any surgery in the last two years please give details:**

**If you have any condition not covered above that might be adversely affected by the practice of yoga and/or if you have any other health concern in relation to your practice of yoga please give details:**

**declaration:**

I confirm that I have answered the questions on this form accurately and that I understand it is my responsibility to take care of my health and to:

- Check with my GP if I have any difficulties or concerns about my ability to take part in this event.
- Advise of any change, at the time of the event, to the medical information given on this form.
- Follow the advice given by my GP and/or yoga teacher.

**signed:** .....

**date:** .....

Please complete, sign and then scan and email or post this form to:  
Gillian Osborne, Indra House, Main Street, Wombledon, York YO62 7RX  
gillian@mrsosbornerecommends.co.uk

Please be assured that your personal information will be handled sensitively, treated in the strictest confidence and stored in accordance with the Data Protection Act 1998 and GDPR.