

YOGASHINE - Adults
7-11 Legion Drive, Valhalla, NY 10595

CONFIDENTIAL HEALTH INFORMATION, EMERGENCY CONTACT INFO

(to be updated annually)

Name _____ Birthday: _____

Address/Zip _____

Phones- h: _____ cell: _____ w: _____

E-Mail _____

It is important to use a Health Information form in order for YogaShine to learn of and keep track of any medical conditions that may impact you as a Yoga student. In addition to completing this form, it may be necessary to obtain a Doctor's release.

As your yoga teacher, I take your physical and emotional well being very seriously. Since there are certain contraindications involved in some of the postures and breathing exercises, it is important that you be totally honest with me regarding any conditions prior to or during your classes.

**AND ABOVE ALL, PLEASE BE GENTLE WITH YOUR BODY/MIND
IN YOGA PRACTICE!**

Please check all of the following that apply to you:

- ___ Allergies (to: _____)
- ___ Aids/HIV
- ___ Anemia
- ___ Anxiety Attacks (describe below)
- ___ Arthritis (where: _____)
- ___ Asthma
- ___ Back Pain (describe below)
- ___ Back Injury (describe below)
- ___ Chronic Fatigue
- ___ Diabetes
- ___ Dizziness
- ___ Eye/Vision problems
- ___ Headaches (chronic)
- ___ Heart Attack (when: _____)
- ___ Heart Surgery (when: _____)
- ___ Other Heart Trouble (describe below)
- ___ Hypertension/High Blood Pressure
- ___ Joint pain (other than arthritis)
- ___ Neck pain (describe below)
- ___ Numbness (where? describe below)
- ___ Orthopedic problems (describe below)
- ___ Pregnancy (current month: _____)
- ___ Recent surgeries (describe below)
- ___ Respiratory problems (describe below)
- ___ Other _____

Please describe any PAST AND CHRONIC physical injuries and limitations that in any way currently effects your ability to move (give dates, be specific):

Please describe any CURRENT physical injuries and limitations that in any way effects your ability to move (give dates, be specific):

Are you under a Doctor's care for any of the above conditions or any other condition? Please describe and for what condition.

Are you taking any medications? If so, please list the medications and for what condition you are taking them.

EMERGENCY CONTACT INFORMATION:

Who should we call first and at what number(s)?

Who should we call next and at what number(s)?

Who should we call next and at what number(s)?

Your Primary Care Physician's Name and Phone:

PLEASE CONSIDER: If no one has been able to be reached by phone and Vitalah deems it an emergency, I give my permission to Vitalah Simon to call 911, and to decide if I need to go to the hospital.

Your signature _____

Do you have a preference what hospital you should go to if needed?

STATEMENT OF PERSONAL RESPONSIBILITY

***I, _____, the undersigned, have answered all questions honestly and to the best of my knowledge. The undersigned assumes all risk of damage or injury that may occur as a student in Yoga classes, both while attending classes and during personal yoga practice outside of class. In consideration of being accepted as a Yoga student, the undersigned releases the instructor Vitalah Gayle Simon, the YogaShine Studio, and any institution that holds enrollment and houses these Yoga classes, free of claims, demands and causes of action of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned's participation in Yoga classes or practice of Yoga outside of the class.

Signature _____ Date _____

If student is under 18:

Legal Guardian _____ Date _____

Witnessed by _____ Date _____