SIVANANDA YOGA VEDANTA CENTRES

Postures ● Breathing ● Relaxation ● Diet ● Meditation

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MEDICAL DECLARATION FORM:

SIVANANDA INTEGRATED YOGA VEDANTA AYURVEDA MEDITATION / MUSIC (SIYVAM)

Long Term Spiritual Training for Sadhakas

Please complete all questions on this page. All information provided will remain confidential.

Applicant's Name:	Doctor's Name:
Applicant's Address:	Doctor's Address:
Applicant's Mobile No:	Doctor's Mobile No:
Applicant's Email:	Doctor's Email:
Applicant's Date of birth:	
Contact Person Details in case of Emergency:	
Name:	Relationship:
Mobile No:	Alternate No:

Please tick the box if you are suffering / have suffered from any of the following:

- ☐ Fainting or Migraine
- ☐ Epilepsy
- ☐ Severe Headaches
- ☐ Thyroid Disorder
- ☐ Chronic Cough
- ☐ Asthma/ wheezing
- ☐ Pneumonia or Pleurisy
- ☐ Tuberculosis
- ☐ Hypertension
- ☐ Heart Attacks / Angina
- ☐ Congestive heart failure
- ☐ Cardiac Implant
- ☐ Rheumatic Fever (Rheumatism)
- ☐ Stomach or Bowel Disorder
- ☐ Renal / Kidneys Stones
- ☐ Kidney Infection
- ☐ Joint injuries
- ☐ Diabetes
- ☐ Blood Disorders
- ☐ Cancer
- ☐ COVID
- ☐ Skin or Subcutaneous Infections

Other, please provide details:
....

Are you Pregnant? YES / NO

Are you taking any medication? YES / NO

If yes, please provide details:
…….
If you have answered yes to any of the conditions listed previously please provide details:
…….

If you have answered yes to any of the conditions listed previously, have you attached a Medical Consent / Report from the doctor? YES / NO

Are you waiting on any results or investigations? Please give details:
…….

I confirm that I have answered the questions on this form accurately and that I understand it is my own responsibility to:

- Check with my Doctor if I have any difficulties or concerns about my ability to participate in this Course.
- Advise the Course Teachers of any change in my medical condition / Medical information
- Follow the advice given by my Doctor and my Course Teachers

Name (Print): ………………………………………………………………… Signature: …………………………………………………..

Date: ………………………