SIVANANDA YOGA VEDANTA CENTRES

Postures • Breathing • Relaxation • Diet • Meditation

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MEDICAL DECLARATION FORM:

SIVANANDA TEACHERS' IMMERSION COURSE (STIC)

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

Other, please provide details:

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Are you Pregnant? YES / NO

Are you taking any medication? YES / NO

If yes, please provide details:

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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: ……