



John Ferrabee is certified by The Iyengar Association of U.K.



THE IYENGAR METHOD

# MEDICAL SAFETY FORM

To ensure your safety we would like you to complete this medical form so that the instructor can administer the class tending to your individual needs.

<b>NAME</b>	.....	<b>AGE</b> (PLEASE TICK)
<b>ADDRESS</b>	.....	<input type="checkbox"/> Under 20
	.....	<input type="checkbox"/> 20-30
<b>POST CODE</b>	.....	<input type="checkbox"/> 30-40
<b>PHONE NO.</b>	.....	<input type="checkbox"/> 40-50
<b>MOBILE</b>	.....	<input type="checkbox"/> 50-60
<b>EMAIL</b>	.....	<input type="checkbox"/> Over 60

Have you ever been diagnosed as having any of following: (PLEASE TICK)

**Heart Condition:**

**Respiratory problems:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heart Attack     | <input type="checkbox"/> Asthma         | <input type="checkbox"/> High/low blood pressure                 |
| <input type="checkbox"/> Stroke           | <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Rheumatoid arthritis                    |
| <input type="checkbox"/> Angina           | <input type="checkbox"/> Emphysema      | <input type="checkbox"/> Degenerative spinal discs               |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Shoulder, hip, knee or elbow tendonitis |
|   | <input type="checkbox"/> Osteoarthritis |  |

Are you currently recovering from an injury, hospital treatment or surgery?

Please specify:

Have you ever been involved in a car accident/sports accident?

Please specify:

Are you taking any form of prescription drugs?  YES  NO

Please specify:

Is there any other health condition, other than those specified, of which we should be aware?

Please specify:

I DECLARE THIS MEDICAL INFORMATION IS CORRECT AT THE TIME OF MY FIRST LESSON

**Signed:**..... **Date:**.....

Please bring this form to your first lesson or mail to John Ferrabee to the address below:

**John Ferrabee, IYENGAR YOGA WORKS**

Ground Floor, 9 Suffolk Square, Cheltenham, Gloucestershire, GL50 2DR

T : 01242 22 23 56 | M: 07876 19 49 42 | E : john@yoga-works.net | W : www.yoga-works.net