Bhagsu Yoga Institute

Love, Peace, Harmony, Happiness.

LATEST PHOTO

Application Form For TTC

Name: .....

Date of Birth: . ...../...../.....

Sex: .....

Marital Status: .....

Nationality.....

Address: .....

.....

City : .....**Postal Code:** .....**Country:** .....

Telephone: .....**Mob:** .....

Email: .....

Present Occupation: .....

passport No.: .....**Date of Expiry:** ..... **Place of Issue:**.....

VISA No.: .....**Valid upto:** .....**VISA Type:** .....

Yoga courses completed, if any: .....

Subjects of Interest:. .....

Date: ..... **Place:**..... *Signature of Candidate* .....

NAMASTE JI

Recent Medical / Physical History

Please advise us if you have any previous/ current injuries, conditions. If this was an old problem please advise approximately how long ago

Alt Contact in case of emergency: .....

Mob: ..... **Email:** .....

Basic current fitness level?
Do you exercise frequently / infrequently?
Have you been regularly practicing yoga lately ?

Do you have any of the following Conditions? (Circle or list below)
Shortness of breath Chest Pain Blurred Vision Frequent / Painful Urination
Unexpected Weight Loss Fever / Chills Headaches Numbness in Extremities
Constipation / Diarrhea / Blood in stools
Please list and explain;
_____

Please circle or list any illnesses or problems that apply to you.
Cancer Asthma Tuberculosis/HIV Liver Disorder Diabetes
Alcoholism Heart Trouble Emphysema/COPD Heart Attack Ulcers
Kidney Disease High Blood Pressure Stroke Gout Cholesterol Sickle Cell Anemia Bleeding Disorder Arthritis

Please List/ Explain:
_____

Surgery / Fractures
Any problems/ surgical procedures which you have had.
Tonsils Breast Appendix Uterus Gall Bladder Ovaries Stomach
Prostate Small Intestine Colon Thyroid Kidney Hernia (repair)
Heart Pacemaker Joint Replacement Arthroscopy Extremities, Neck, Back

List /explain:_____
_____
Any other surgeries:
_____

Skeletal Health: _____
History of falls/fractures?
_____

Do you have any vitamin deficiencies?

Do you take any Medications (blood thinners, prescriptions/ non-prescription remedies?)
Name of drug and how often it is taken:
_____
_____

Do you have any allergies? Y/ N
Food allergies; _____
Other allergies; _____

Do you smoke or drink? Y / N
Tobacco Use Alcohol Use: Beer/Wine: _____ x a week
Cigarettes: Yes / No Packs/day _____ Years of use _____ Shots/Liquor: _____ x a week Other tobacco use: _____
Other drug use: _____ _____

Family History

Please circle any disease diagnosed in your blood relatives.
Cancer Diabetes Rheumatoid Arthritis Other type of arthritis Gout
Bleeding Problems Sickle Cell Anemia Heart Disease
Other:
_____

To the best of my knowledge the above information is correct.

(The full amount of yoga course once is non- refundable)

Sign Here: _____