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| 1. MEDICAL INFORMATION   The information provided here will be kept strictly confidential. Answers to these questions are necessary to help determine whether or not participation on a retreat will aggravate a serious physical condition or endanger a participant’s health. Therefore, it is extremely important that all information be complete, current, specific, and clearly stated**.** | |
| 1. Do you have or ever had back or leg ailments? | □ No □ Yes |
| 1. Have you ever been treated for serious emotional or psychological symptoms? | □ No □ Yes |
| 1. Do you have any serious infectious diseases, blood pressure, heart problems or symptoms (eg. headache, dizziness, palpitation, shortness of breath) associated with the condition? | □ No □ Yes |
| 1. Have you ever had a serious operation? | □ No □ Yes |
| 1. Do you have any allergies or dietary restrictions or need for special meals? | □ No □ Yes |
| 1. Are you on any medication for your condition? | □ No □ Yes |
| 1. Are any of the above problems aggravated under stress? | □ No □ Yes |
| If your answer to any of the above questions is yes, please state the nature of problem, how recently did you last experience the condition and current status of your health. :……………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………………. | |
| In the event of any re-occurrence of your condition please provide instructions :  ……………………………………………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………………….. | |

**Please complete and attach to your application form if you have any health issues.**