

Application form for Retreat – Attachment 1

I. 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you ever been treated for serious emotional or psychological symptoms?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Do you have any serious infectious diseases, blood pressure, heart problems or symptoms (eg. headache, dizziness, palpitation, shortness of breath) associated with the condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you ever had a serious operation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Do you have any allergies or dietary restrictions or need for special meals?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Are you on any medication for your condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Are any of the above problems aggravated under stress?	<input type="checkbox"/> No <input type="checkbox"/> 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.

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In the event of any re-occurrence of your condition please provide instructions :

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