

# YOGA CLASSES

## Individual information form

NAME ----- SEX-----

DATE OF BIRTH ---D-----/--M-----/--Y----- YEAR (total) -----

EDUCATIONAL QUALIFICATIONS -----

WEIGHT -----HIGHT (in cm) -----

CHEST (in cm) -----ABDOMEN (in cm) -----

WAIST (in cm) -----THIGH (in cm) -----

PHYSICAL / MEDICAL PROBLEM (if any) -----

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OCCUPATION (in details, like computer work, file work, standing work,) -----

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SURGERY DETAILS (if any) -----

PREVIOUS COURSE IN YOGA -----

ADDRESS -----

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MOBILE NUMBER -----

SIGNATURE

REMARKS-----

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SIGNATURE