

# Yoga Retreat Medical Information Form

## Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name & Relationship

Emergency Contact Phone

## Medical History

Current or past medical conditions

Allergies

Medications (please list)

Past injuries or surgeries

Physical limitations or restrictions

**Other Information**

**Primary Care Physician Name**

**Physician Phone**

**Dietary requirements or food allergies**

**Other comments or relevant information**