



Kundalini Research Institute

Kundalini Yoga as taught by Yogi Bhajan®

www.KundaliniResearchInstitute.org

Mail: KRI, c/o Level Three
PO Box 1819, Santa Cruz, NM 87567, USA
Email: levelthree@kriteachings.org

Please Print, Complete, Sign, and Upload this form into your Level Three Application on RegOnline. Do not Mail.

Health Questionnaire:

If you answer yes to any of the following questions, please describe fully on a separate page if necessary. In addition to this form you may be asked to provide KRI with a letter from your healthcare provider.

Are you currently under medical treatment for any physical and/or or psychological condition?

Yes No If Yes, please describe: _____

In the past five years? Yes No If Yes, please describe: _____

Do you have a diagnosis by a physician? If so, explain: _____

Have you ever been hospitalized for a psychiatric condition? Yes No If Yes, please describe: _____

Do you have any chronic physical limitations or disabilities? Yes No If Yes, please describe: _____

Are you currently pregnant or trying to get pregnant? _____

Have you had a serious illness or major surgery within the past five years? Yes No

If Yes, please describe: _____

Do you have a communicable disease? Yes No If Yes, please describe: _____

Are you in recovery from a drug/alcohol addiction? _____ If yes, # of years in recovery? _____

Describe your weekly alcohol/drug consumption: _____

Do you smoke? _____ If yes, how often? _____

If you smoke, do you intend to quit smoking before attending the course? _____

Are you taking any medications at this time? _____ If so, explain: _____

What types of exercise or physical activities do you participate in and how often?

Do you have a medical condition which might prevent you from participating in the full Teacher Training Program? If so, explain: _____

Full Disclosure and Acceptance of Terms:

KRI must be able to rely on the accuracy and completeness of information provided by the applicant. Information provided is treated as confidential and disclosed only to those with a legitimate need to know in administering or delivering the training. Therefore, all registrants are required to answer all questions fully and in truth. By signing below, I affirm that the information provided in the Health Questionnaires is to the best of my knowledge, true and complete. I understand that providing inaccurate, incomplete or misleading information will be grounds for rejection of my application, being asked to leave the program before completion, or revocation of my certification after completion of the program. If I must leave the program because of a health consideration, continuing in another session is at the discretion of KRI. I agree to discuss any health restrictions, questions or concerns with KRI prior to the Course.

Print Full Legal Name

Print Spiritual Name

Signature Legal Name

Date