



**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?  Yes  No

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?  Yes  No



# Kundalini Research Institute

Kundalini Yoga as taught by Yogi Bhajan®

www.KundaliniResearchInstitute.org

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Email: [levelthree@kriteachings.org](mailto:levelthree@kriteachings.org)

If yes, # of years in recovery? \_\_\_\_\_

Describe your weekly alcohol/drug consumption: \_\_\_\_\_

Do you smoke? \_\_\_ Yes \_\_\_ No

If yes, how often? \_\_\_\_\_

If you smoke, do you intend to quit smoking before attending the course? \_\_\_ Yes \_\_\_ No

Are you taking any medications at this time? \_\_\_ Yes \_\_\_ No

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