

SECTION B: NEW STUDENTS

1) Have you had any previous experience with meditation techniques, therapies or healing practices?

YES ___ NO ___ If YES, please give details.

(b) Do you teach or practise on others? YES ___ NO ___ If YES, please give details.

2) On whose recommendation are you applying?

SECTION C: ALL APPLICANTS

1) Do you have any physical health problems, e.g. diabetes, heart disease, epilepsy, high blood pressure, or active communicable diseases such as hepatitis, tuberculosis, typhoid, HIV+, AIDS, etc.?

YES ___ NO ___ If YES, please give details (dates, symptoms, duration, treatment, present condition).

2) Do you have, or have you ever had, any mental health problems, e.g. significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.?

YES ___ NO ___ If YES, please give details (dates, symptoms, duration, hospitalization, treatment, present condition).

3) Are you now taking, or have you taken within the past two years, any prescribed medication?

YES ___ NO ___ If YES, please give details (dates, types, dosage, present use).

4) Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)?

YES ___ NO ___ If YES, please give details (dates, types, amounts, addictions, treatment, present use).

I acknowledge that I have carefully read and understood the Code of Discipline for the course (in the booklet *Introduction to Vipassana Meditation*). I agree to stay on the course site and to abide by all the rules and regulations for the duration of the course. I realise that a Vipassana meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true to the best of my knowledge.

SIGNATURE _____ DATE _____