

SPINAL CONCEPTS

Health Screening

Participant Name	
Course Dates	
Participant Contact Address	
Participant Contact E-mail	
Participant Contact Number & whatsapp no.	
Do you know of any medical reason that you should not receive Manipulative therapy?	
Are you pregnant?	
Have you had any adverse effects to manipulative therapy before?	
I give my consent to receive manipulation from the course instructor / tutors and from my fellow Participants under instructor supervision.	Signed:

All forms will remain confidential; this short health screen is intended to do the following.

- Safeguard you during your training

- Inform us of and health issues that may prevent training
- Prevent adverse effects from the techniques shown
- Allow for a safe learning environment for instructor and Participants

Please bring this completed form with you on the day of your course.