

# Health Screening and Waiver Form

**Important Note to Practitioners:** This form must be completed by participants before engaging in breath coaching sessions, which may include practices such as high ventilation breathwork (rapid, deep breathing) and breath-hold training (prolonged breath cessation). Practitioners are responsible for complying with local legal requirements, maintaining appropriate training certifications, and securing adequate professional liability insurance coverage. This form is not a substitute for legal advice; consult a legal professional to ensure compliance with regional regulations.

## Participant Information

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_
- Emergency Contact Number: \_\_\_\_\_

## Health Screening Questionnaire

Please answer the following questions honestly to ensure your safety during breath coaching sessions, which may involve high ventilation breathwork or breath-hold training. If you answer "Yes" to any question, provide details in the space provided or discuss with the practitioner. **Note:** Certain conditions may require written medical clearance from a physician before participation.

### Absolute Contraindications

These conditions generally prohibit participation unless medical clearance is obtained.

<b>Condition</b>	<b>Yes</b>	<b>No</b>
Cardiovascular Disease (e.g., angina, recent heart attack, or stroke)		
Uncontrolled High Blood Pressure		
Severe Arrhythmias		
Diagnosis of Aneurysm (brain or abdomen)		
Pregnancy		
Recent Panic or Anxiety Attack Episode (within the last 6 months)		
Epilepsy and/or Seizures		
Prior Diagnosis of Bipolar Disorder, Schizophrenia, or History of Psychosis		
Recent Psychiatric Hospitalization or Emotional Crisis (within the last 12 months)		
Chronic Obstructive Pulmonary Disease (COPD)		
Detached Retina		
Glaucoma		
Uncontrolled Thyroid Conditions or Uncontrolled Diabetes		

**Details for "Yes" Responses:**

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**Relative Contraindications**

These conditions may allow participation with caution, medical clearance, or modified protocols.

<b>Condition</b>	<b>Yes</b>	<b>No</b>
Mild to Moderate Cardiovascular Issues (e.g., controlled hypertension)		
Recent Surgeries (within 3–6 months)		
Presence of Acute Illness or Symptoms (e.g., fever, respiratory symptoms)		
Fatigue or Dehydration		

Fasting (Note: Trained and expert breath coaches may fast under supervision for breath-hold training)

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**Details for "Yes" Responses:**

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**Special Consideration: Mild Asthma**

Do you have mild asthma? Yes    No

**Note:** Individuals with mild asthma may participate in breath coaching with caution, under supervision, and with an inhaler readily available, particularly for breath-hold training. Please discuss with the practitioner to ensure a tailored approach.

**Additional Health Information**

- Are you currently taking any medications (e.g., beta-blockers, psychotropic drugs, HRT)? If yes, please list:

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- Have you ever experienced a hypoxic blackout or fainting? If yes, please describe:

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- Have you received prior education or training in breath coaching practices (e.g., high ventilation breathwork or breath-hold training)? Yes    No

- Are you planning to participate in breath-hold training in or near water? Yes  
No

**Safety Acknowledgments**

Please read and initial each statement to confirm your understanding:

- I understand that breath coaching, including high ventilation breathwork and breath-hold training, involves risks such as hypoxic blackout, dizziness, fainting, cardiovascular strain, and psychological distress. Initials: \_\_\_\_\_
- I understand that breath-hold training in or near water must never be performed without a trained partner present, and I will not engage in solo practice in aquatic environments. Initials: \_\_\_\_\_
- I understand that hyperventilation before breath-holding, especially near water, significantly increases the risk of hypoxic blackout and drowning, and I will avoid this practice. Initials: \_\_\_\_\_
- I understand that I must be well-rested, hydrated, and nourished (unless a trained expert under supervision for breath-hold training) before participating in breath coaching to minimize risks. Initials: \_\_\_\_\_
- I agree to disclose any changes in my health status to the practitioner before each session. Initials: \_\_\_\_\_

## **Waiver and Release of Liability**

I, \_\_\_\_\_, acknowledge that participation in breath coaching, including high ventilation breathwork and breath-hold training, involves inherent risks, including but not limited to injury, illness, or death. I understand that the practitioner will take reasonable precautions to ensure my safety, including supervision and monitoring, but cannot guarantee the absence of adverse events.

I confirm that the information provided in this health screening questionnaire is accurate and complete to the best of my knowledge. I agree to obtain written medical clearance from a physician if I have any absolute or relative contraindications before participating. I understand that failure to disclose relevant health information may increase my risk of harm.

In consideration of being permitted to participate in breath coaching, I hereby release, waive, discharge, and covenant not to sue the practitioner, their affiliates, or any associated personnel from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or

injury, including death, that may be sustained by me during or as a result of participation, whether caused by negligence or otherwise.

I have read and understood this waiver and release of liability and voluntarily agree to its terms.

• Participant Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

• Practitioner Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

### **Medical Clearance (if applicable)**

If you have any absolute or relative contraindications, please provide written medical clearance from a physician.

• Physician Name: \_\_\_\_\_

• Physician Contact: \_\_\_\_\_

• Date of Clearance: \_\_\_\_\_

**Attach a copy of the medical clearance letter to this form.**