



Cittaviveka
Chithurst Buddhist Monastery
Chithurst near Petersfield, Hampshire GU31 5EU
Tel: (01730) 814 986, Fax (01730) 817 334
website: cittaviveka.org

Health & Safety Questionnaire

NAME (please print):

ADDRESS:

PHONE No.:

EMAIL:

PASSPORT No. (non-UK guests):

CAR REGISTRATION (if you are parking your car here):

Staying in the monastic environment can be for some of our guests a potentially physically and psychologically challenging experience. To support them when difficulties do arise, having information regarding the following questions will help us respond more effectively to the situation.

Is there anything that we need to know about your **physical health** that could affect your stay at Cittaviveka Monastery, e.g., allergies, heart condition etc.?

Do you have any history of physical illness or limitations that might be aggravated by or interfere with our daily routines?

YES / NO

If **YES**, please give details below.

Have you ever been diagnosed with or experienced any significant **mental health** issues e.g. depression, eating disorders, anxiety, drug/alcohol abuse? Are there recent circumstances (e.g. loss of a loved one, illness, fasting, substance abuse, prolonged depression) or past history (e.g. serious attempt to take your life) that might affect your stay?

YES / NO

If **YES**, please give details below.

Are you currently taking **medication** for a physical or psychological condition?

YES / NO

If **YES**, specify the condition and respective medication(s) + dosage.

Our capacity to support our guests' medical needs is very limited. In the event of **physical** or **psychological emergency**, do you have a doctor (GP, therapist, psychiatrist), relative or a friend that we could contact? Provide his/her details below.

NAME (please print):

ADDRESS:

PHONE NO.:

EMAIL:

RELATIONSHIP TO YOU (e.g., mother, father, etc.):

I have read and understood the enclosed *HEALTH AND SAFETY RESIDENTS NOTES*, (Edition AUGUST 2007) for Cittaviveka Monastery. I agree to take full responsibility for myself during my stay.

Signature: _____

Date: _____