



**STAFF/RESIDENT/VOLUNTEER
HEALTH & WELLBEING QUESTIONNAIRE**

Last Name:

First Name:

Program:

Dates:

Thank you for joining our staff program at Karmê Chöling. To help us support you during your time here, please complete this questionnaire.

The information you provide in this form is confidential, available only to the HR director, your meditation instructor, and the Karmê Chöling Rusung, so they can skillfully maintain awareness of your wellbeing.

Do you have any physical limitations that you would like us to be aware of?

Please list all prescription medications that you are currently taking or have taken in the past six months.

Do you have any serious health conditions, including LIFE-THREATENING allergies or other health concerns?

Do you have a weakened immune system for any reason, or any environmental sensitivities?

Do you need any accommodation for any disability? If so, please describe:

How can we best contact you at night, or when you are away from Karme Choling? (cell phone number or...?)

Do you have any other issues or concerns you would like the Health and Wellness teams to be aware of?

Do you have health insurance or traveler's health insurance?

Will you be seeking a primary care provider here in Vermont?

If you are taking prescribed medications for any reason, it is crucial that you continue to take them during your stay at Karme Choling. Meditation is not a substitute for doctor prescribed medications. Will you be able to have any prescriptions filled here in Vermont?

Your Signature:

Print Your Name:

Date:

Emergency Contact Information

Name:

Relationship:

Phone: