Application Form for Participating Daoist Qi Gong Healthcare Course

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality** |  | **Gender** |  |
| **Name** |  | **Age** |  |
| **Profession** |  |
| **Student’s****telephone number & email address** |  |
| **Health History/****Physical Condition/****surgeries/****Current situation/****Western examination results/ present signs and symptoms (diet, sleep, stool, urination, any abnormalities, etc..)** |  |
| **Western pharmaceuticals****drugs and Chinese herbal medicines intake in past and present** |  |
| **Self introduction** |  |
| **Insert Passport Picture** |  |
| **Person to contact with in case of an emergency** |  |

Send it to: fiveimmortals@qq.com