Application Form for Participating Daoist Qi Gong Healthcare Course

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| **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