Application for Participating in the Natural Self-Healing Course

Please be **honest and concise** so we are able to access the best courses for you to join. Note that applications will only be processed if **every single field** is filled out.

**Send to: fiveimmortals@qq.com**

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| --- | --- | --- | --- |
| **Nationality** |  | **Gender** |  |
| **Name** |  | **Age** |  |
| **Profession** |  | | |
| **Student’s**  **telephone number & email address** |  | | |
| **Course Dates** |  | | |
| **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** |  | | |
| **Any special religious requirements (example: Shabbat or Rammadan)** |  | | |
| **I have read and I agree to follow all the temple’s rules and regulations** |  | | |