

Jhana Grove Retreat Centre - Retreatant Details

Name: _____

Room: _____ (Info available at Check-in)

Gender: He / She/ They

Phone: _____

Email: _____

**Please circle if applicable*

This is my first silent meditation retreat: **Yes / No** *

I suffer from:

Anxiety, panic disorder, depression, psychotic episodes, other mental afflictions. *

I confirm that:

- (a) I am well and I do not have any symptoms of Covid
- (b) I **have taken** * a RAT (Rapid Antigen Test) and result is: **Positive / Negative** * OR
- (c) I **have not taken** * a RAT (Rapid Antigen Test)

Medication - I am taking the following medication (for condition):

In the event of an emergency, please contact:

Name: _____

Relationship to me: _____

Mobile: _____