

Jhana Grove Retreat Centre – Retreatant Details

Personal Details	
(1) Name:	(2) Room: <i>(Info available at check-in)</i>
(3) Gender: <i>He / She / They</i>	(5) Email:
(4) Phone:	(6) This is my first meditation retreat: Yes / No
Medical Condition	
(7) I can confirm that: <i>(circle (a) OR (b), and (c) OR (d))</i>	
(a) I am well and do not have any Covid symptoms; OR	
(b) I have Covid symptoms	
(c) I have taken a RAT (Rapid Antigen Test) and the result is Positive / Negative; OR	
(d) I have not taken a RAT (Rapid Antigen Test)	
(8) I suffer from: <i>(circle what is applicable)</i>	
Anxiety, panic disorder, depression, psychotic episodes, other mental afflictions.	
(9) Medication – I am taking the following medication (for condition):	

Transport	
(10) Did you drive to this Retreat Centre? Yes / No	
If yes,	(a) What is your vehicle licence plate number?
	(b) How many additional passengers can you take in case of an evacuation?
Emergency Contact	
Name:	_____
Relationship to me:	_____
Mobile:	_____