

Email a filled-in copy of this form to info@kijanaunplugged.com at least 7 days prior to your ceremony.

Medical Questionnaire for Sapo/Kambo

First and last LEGAL name: _____ DOB _____

Today's date _____ phone number _____ email _____

Address _____ city _____ st _____ zip _____

Emergency contact name _____ phone number _____

What is your reason for participating in sapo/kambo ceremony _____

PLEASE DISCLOSE ANY OTHER HEALTH CONCERNS OR ISSUES YOU MAY HAVE

Check all that apply

<input type="checkbox"/> have a serious heart condition	<input type="checkbox"/> have had a stroke	<input type="checkbox"/> are currently taking low blood pressure medicine
<input type="checkbox"/> have had brain hemorrhage	<input type="checkbox"/> are undergoing chemotherapy	<input type="checkbox"/> are recovering from a major surgical procedure
<input type="checkbox"/> have aneurysms	<input type="checkbox"/> are undergoing radiation therapy	<input type="checkbox"/> are pregnant or suspect you're pregnant
<input type="checkbox"/> have blood clots	<input type="checkbox"/> currently taking immunosuppressants	<input type="checkbox"/> are breastfeeding a baby under six months of age
<input type="checkbox"/> have mental illness (excluding anxiety, PTSD, or depression)	<input type="checkbox"/> currently have Addison's disease (adrenal insufficiency/low cortisol)	<input type="checkbox"/> have participated in a Bufo Alvarius ceremony 6-8 weeks prior to sapo/kambo
<input type="checkbox"/> lack mental capacity to make a decision to take sapo/kambo	<input type="checkbox"/> current/and or severe epilepsy	<input type="checkbox"/> are under the age of 18

Have you been water fasting for the last 7 days? yes no

Have you been in a sauna, sweat lodge, had a colonic in the last 3 days? yes no

Are you currently taking slimming (diuretics), serotonin, or other sleep aids? yes no

Do you regularly take diuretics or energy drinks? yes no

Do you have a current drug or alcohol addiction? no yes – explain what and for how long _____

Have you had enemas, colonics, liver flushes or any water-based detox 3 days before sapo/kambo? yes no

Have you used the sauna or done hot yoga 3 days prior to sapo/kambo ceremony? yes no

Do you have high blood pressure? yes no

Do you have low blood pressure? yes no

I _____, attest that all provided information is accurate to the best of my knowledge. I assume all risk/liability understanding that if I have shared misinformation, there may be an adverse reaction to the sapo/kambo. I absolve the practitioner, cofacilitators, and location owners of any and all claims.

Signature: _____ Date: _____