Association for Coaching

MyZone Coaching and Therapy Ltd

# USING VIRTUAL REALITY (DIGITAL THERAPEUTICS) FOR MINDFULNESS AND RELAXATION EXERCISES NOT EXCEEDING 15 MINUTES IMMERSIVE EXPERIENCE

I

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**Confirm** that I have shared the information for users and fact sheets to my Doctor (GP) and am able to participate in the use of Virtual Reality for Therapeutic purposes.

I am aware that I may experience some minor side effects such as dizziness, eye strain, nausea or headache as a result, the most extreme side effect being epilepsy (0.025%)*

I am **not** pregnant. I have **not** got a heart condition. I **do not** suffer epilepsy. I have **not** got **nor had** Psychosis or suffer from a serious mental illness. I do not have a pacemaker fitted.

I have not undergone recent surgery, do not currently have any ear infection and am not suffering from Hypertension.

Signed:_____

Date:_____