

Health questionnaire

This questionnaire is for your safety. If you attend another course, this health questionnaire can remain stored for the next course, provided that your state of health has not changed in the meantime. In this case, a health questionnaire does not have to be filled out again.

All information will be treated confidentially.

Last name: _____

First name: _____

I do not want to answer the following questions and I am aware that by doing so I am leaving the course management in the dark about my possible health risks and limiting their ability to optimally care for me (in an emergency).

yes no

1 Do you suffer from high blood pressure? yes no

2 Do you have or have you had heart or circulatory problems? yes no

If so, what kind? _____

3 Do you have a lung or respiratory disease known? yes no

If so, what kind? _____

5 Have you ever lost your balance due to dizziness or fainted? yes no

6 Do you suffer from a bone or joint problem that might get worse with physical exertion? yes no

7 Are you currently taking any medication? yes no

8 Are you currently receiving medical treatment? If yes, which? yes no

If yes, why? _____

9 Do you know of any other reason why you should not be able to engage in physical activity? yes no

If so, what kind? _____

If you answered the majority of questions (yes) to the following questions, we recommend that you seek the advice of your doctor before starting training.

I hereby declare that I have read and understood all questions and have given the information truthfully. In the event of complaints or illnesses, I assure you that I have permission to do sports from the doctor treating me, or I take responsibility myself. I will inform my course instructor immediately of any changes to the above information. I also take note that the course instructor declines all liability.

Place/Date _____

Signature _____