SPORTS MEDICAL EXAMINATION
WAKO QUESTIONNAIRE

Via A. Manzoni 18,
20900 Monza (MB), Italy

PERSONAL DETAILS

Name:

Date of birth:

Address:

Country:

Passport number:

Insurance:

Sports event: **WAKO European Championships for Seniors in Bilbao (Spain), from 18th to 26th October 2014**

	Yes	No
Did you have any illnesses earlier?	☐	☐
Were your born with any of your body partsmissing?	☐	☐
Have you ever been treated in hospital?	☐	☐
Do you take any medicine on a regular basis?	☐	☐
Do you take any food complementary substances?	☐	☐
Have you ever fainted during or after training?	☐	☐
Have you ever had any chest pain?	☐	☐
Have you ever had high blood pressure?	☐	☐
Have you ever had any skin diseases?	☐	☐
Do you have any dermatological complaints at the moment?	☐	☐
Do you suffer from asthma?	☐	☐
Do you have any problems related to your bones, joints, tendons, or muscles?	☐	☐
Have you ever had a skull injury accompanied with a loss of consciousness?	☐	☐
Are you often on a diet?	☐	☐

Please give further details on answers with "YES"!

I officially declare that I am fully responsible legally for my answers given above.

Date: Signature: