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## SPORTS MEDICAL EXAMINATION WAKO QUESTIONNAIRE

### PERSONAL DETAILS

Name:

Date of birth:

Address:

Country:

Passport number:

Insurance:

Sports event: WAKO European Championships for Seniors in Maribor (Slovenia), from 15<sup>th</sup> to 22<sup>nd</sup> November 2014

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

Please give further details on answers with "YES"!

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

Date:

Signature:

