

This questionnaire is intended to help determine whether you are fit to participate in sailing competition.

Please answer the following questions with YES or NO. Your answers are your own responsibility.

## DURING THE PAST 12 MONTHS:

Question	YES	NO
Has a member of your family died suddenly from a heart condition or an unexplained cause?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced chest pain, palpitations, unusual shortness of breath, or faintness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an episode of wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you stopped practicing sport for 30 days or more due to health reasons and resumed without medical advice?	<input type="checkbox"/>	<input type="checkbox"/>
Have you started a long-term medical treatment (excluding contraception or allergy desensitization)?	<input type="checkbox"/>	<input type="checkbox"/>

## AS OF TODAY:

	YES	NO
Do you feel pain, weakness, or stiffness due to a bone, joint, or muscle injury (fracture, sprain, dislocation, tear, tendonitis, etc.) that occurred in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Is your sports practice currently interrupted due to health reasons?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe you need medical advice before continuing your sports activity?	<input type="checkbox"/>	<input type="checkbox"/>

### IMPORTANT

If you answered NO to all questions: You can participate in the event.

If you answered YES to one or more questions: You are strongly advised to consult a doctor before participating. A medical certificate may be required.

I, the undersigned,

Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Declare that I have completed this health questionnaire and answered NO to all questions. I acknowledge that I am responsible for my own health condition and that participation in the event is under my own responsibility.

Date: \_\_\_\_\_

Signature:  
(For minors: signature of parent or legal guardian)