

## The Bonam Sport and Leisure Center

### Health declaration\*

Given name and surname: \_\_\_\_\_

Passport number and nationality: \_\_\_\_\_

Age: \_\_\_\_\_

#### Part 1: Medical questionnaire

**Please read the questions thoroughly and answer each question truthfully by checking the relevant box:**

1. Has your doctor diagnosed you with heart disease?  yes  no
  
2. Do you experience chest pain? (please reply to each question below):
  - a. During rest?  yes  no
  - b. During daily activity?  yes  no
  - c. During physical activity?  yes  no
  
3. In the past year, have you... (please reply to each question below):
  - a. Lost your balance because of dizziness - check no if the dizziness was caused by hyperventilation (including during extreme physical activity)  yes  no
  - b. lost consciousness?  yes  no
  
4. Have you been diagnosed by a doctor with asthma, and as a result, in the past 3 months (please reply to each question below):
  - a. Have you taken medicine?  yes  no
  - b. Have you experienced shortness of breath or wheezing?  yes  no
  
5. Has anyone in your immediate family died (please reply to each question below):
  - a. from heart disease?  yes  no
  - b. from early sudden death (under age 55 if a man and under age 65 if a woman)?  
 yes  no
  
6. in the last five years, has your doctor instructed you to exercise only under doctor's supervision?  yes  no
  
7. Do you have a chronic disease not mentioned above, that may limit or prevent you from taking part in physical activities?  yes  no
  
8. For pregnant women: Has this pregnancy or any previous pregnancy been defined high risk?  yes  no

## Part 2: Instructions

1. If you answered **yes** to any question in this form, then in order to use the facilities of the sport center, you must present a doctor's letter stating that physical activity will not risk your health. We will accept doctor's letters no older than 3 months old.
2. If you answered **no** to all question in this form, fill out the statement in section 3 of this form and sign.
3. In any case of change in your medical condition, you must consult with a doctor before continuing physical activity in the sports center.

## Part 3: Declaration

I, signed below, declare that I have read and understood all the questions in part 1 of this form and have answered them myself.

I declare that I have given full and truthful disclosure of my medical condition in the past and in the present, according to the questions in this questionnaire.

I am aware that after two years of the day I signed this health declaration I will be required to submit a new health declaration.

\_\_\_\_\_

|      |                        |           |
|------|------------------------|-----------|
| Date | Given name and surname | Signature |
|------|------------------------|-----------|

\*regular exercise is beneficial to health; It's important that more people be physically active every day of the week; Physical activity is very safe for most people; this questionnaire will make it clear to you in which cases you should consult a doctor and present a doctor's letter before starting to exercise in the sports center.

Important: it is recommended to exercise gradually and after receiving guidance, especially if you are over 45 and are planning high intensity training which you aren't used to.