



HEALTH QUESTIONNAIRE - ADULTS (over 18) -

Health questionnaire relating to the state of health of an adult participant registering for a sports competition authorised by a delegated federation or organised by an approved federation, excluding disciplines with particular constraints.

You are: a female a male

Your age :.....years old

Please answer the following questions by YES or NO

To this day	YES	NO
Has anyone in your family had a severe heart or brain disease, or died suddenly?	<input type="checkbox"/>	<input type="checkbox"/>
Experienced pain in your chest or unusual shortness of breath (i.e., heart beating very quickly)?	<input type="checkbox"/>	<input type="checkbox"/>
Experienced trouble breathing while playing sports?	<input type="checkbox"/>	<input type="checkbox"/>
Experience any discomfort or loss of consciousness while exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have skin issues (naevus, cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you following a long-term medical treatment (this excludes contraceptives and desensitization to allergies)?	<input type="checkbox"/>	<input type="checkbox"/>
Does playing golf require you to have a medical device or wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>
Do you practice and play speed-golf (golf and running)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other health concerns that would warrant a visit to a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

In the last 12 months have you:	YES	NO
Stopped playing sports because of a health problem for a duration exceeding 15 consecutive days?	▪	▪
Do you have unusual bone, joint or musculotendinous issues?	▪	▪
Have you experienced visual impairment or dizziness?	▪	▪
Have you benefited from a arthrodesis or prosthesis fitting? (Type hip, knee, shoulder)?	▪	▪
Do you carry a pacemaker?	▪	▪

If you answered YES to one of more questions:

You must send a medical certificate of less than 6 months attesting of the absence of any contraindication to the practice of golf (in and out of competition). At the time of the medical check-up, give the doctor this completed questionnaire.

If you answered NO to all questions:

This health questionnaire is sufficient. Please note that this document will be asked when you enrol in a ffgolf championship.

I, the undersigned.....

certifies that I have completed the health questionnaire and answered negatively to all the questions.

Date

Signature