Health declaration

Name: ..... **M / F**
Date of birth: ..... / ..... / .....
Address .....
Zip code: ..... **Place:** .....
(Mobile)phone ..... **E-mail:** .....

Questions regarding your overall health

	Yes	No
1. **Are you currently healthy?**	☐	☐
.....		
2. Do or did you suffer from one of the following conditions:		
• Heart diseases?	☐	☐
• Serious hypertension?	☐	☐
• Epilepsy?	☐	☐
• Kidney failure?	☐	☐
• Serious asthma?	☐	☐
• Recently performed surgery?	☐	☐
• Migraine?	☐	☐
.....		
• Auto-immune diseases (such as rheumatism, MS, Crohn, diabetes, asthma), if so, which?	☐	☐
.....		
• Other conditions	☐	☐
.....		
3. Do you currently use		
• Medication for the heart	☐	☐
• What medication do you use?	☐	☐
.....		
.....		
4. **Are you allergic to a certain substance? (food/environment etc.)**	☐	☐
.....		
5. **Are you currently pregnant or do you wish to become pregnant?**	☐	☐
6. **Is there anything else your practitioner should know about?**	☐	☐
.....		
7. **I hereby declare to have filled out this form truthfully.**	☐	☐

Date: ...../ ...../ ..... Signature participant: