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?	☐	☐

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• Auto-immune diseases (such as rheumatism, MS, Crohn, diabetes, asthma), if so, which?	☐	☐

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• Other conditions	☐	☐

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3. **Are you allergic to a certain substance? (food/environment etc.)**	☐	☐

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4. Are you currently pregnant or do you wish to become pregnant?	☐	☐
5. Is there anything else your practitioner should know about?	☐	☐

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7. **I hereby declare to have filled out this form truthfully.**	☐	☐

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