



HEALTH QUESTIONNAIRE - MINOR PARTICIPANTS (U18) -

Health questionnaire relating to the state of health of the minor participant (U18) registering for a sports competition authorised by a delegated federation or organised by an approved federation, excluding disciplines with particular constraints.

Warning intended for parents or the person having parental authority: It is preferable that this questionnaire be completed by your child (or minor participant), it is up to you to estimate at what age he is able to do so. It is your responsibility to ensure that the questionnaire is correctly completed and to follow the instructions based on the answers given.

Playing sports is recommended for everyone.

Have you talked to a doctor about it? Have you gone through a medical check-up recently? Please bear in mind that this health questionnaire is not a medical check-up, there are no right or wrong answers in the questionnaire below. You can look at your health record and ask your parents for help.

You are: a female a male

Your age :years old

In the last 12 months have you:	YES	NO
Been hospitalised for a whole day or for several days?	<input type="checkbox"/>	<input type="checkbox"/>
Undergone surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Grown much taller in comparison to other years?	<input type="checkbox"/>	<input type="checkbox"/>
Lost or gained much weight?	<input type="checkbox"/>	<input type="checkbox"/>
Found yourself with your head spinning while playing sports?	<input type="checkbox"/>	<input type="checkbox"/>
Passed out without or fell without remembering what happened?	<input type="checkbox"/>	<input type="checkbox"/>
Received one or more violent shocks that forced you to interrupt a session while playing sports?	<input type="checkbox"/>	<input type="checkbox"/>
Experienced trouble breathing <u>while</u> playing sports?	<input type="checkbox"/>	<input type="checkbox"/>
Experienced trouble breathing <u>after</u> playing sports?	<input type="checkbox"/>	<input type="checkbox"/>

In the last 12 months have you:	YES	NO
Experienced pain in your chest (i.e., heart beating very quickly)?	<input type="checkbox"/>	<input type="checkbox"/>
Started taking a new medicine on daily basis? If so, how long is your treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Stopped playing sports because of a health problem for a duration exceeding 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

In the last two weeks (14 days) have you:	YES	NO
Felt overly tired?	<input type="checkbox"/>	<input type="checkbox"/>
Experienced trouble falling asleep or found yourself waking up often in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
Felt less hungry or found yourself eating less than usual?	<input type="checkbox"/>	<input type="checkbox"/>
Felt sad or worried?	<input type="checkbox"/>	<input type="checkbox"/>
Cried more often?	<input type="checkbox"/>	<input type="checkbox"/>
Felt pain or a lack of strength from an injury you sustained in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

As of today:	YES	NO
Do you sometimes think of quitting playing sports or changing sports?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you need to see your doctor to continue playing sports?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to point out something about your health?	<input type="checkbox"/>	<input type="checkbox"/>

Questions for your parents to fill in:	YES	NO
Has anyone in your immediate family suffered from a severe heart or brain disease, or died suddenly before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>
Are you worried about your child's weight? Is he eating too much or not enough?	<input type="checkbox"/>	<input type="checkbox"/>
Did you miss the health check that was scheduled for your child's age with the doctor? (This medical examination is scheduled for ages 2, 3, 4, 5, 8-9, 11-13 and between 15 and 16 years old.)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to one of more questions:

You must see a doctor to investigate which sport is right for you. At the time of the visit, give the doctor this completed questionnaire.

I am informed that I 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).



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I, the undersigned.....

In my capacity as legal representative of

Certifies that he/she has completed the health questionnaire and answered negatively to all questions.

Date

Signature :