

Health declaration

Name and surname:

Date of birth:

Permanent place of residence:

I declare that I have read the conditions of providing services and personal data protection by the operator:

I declare that my following state of health is **true**:

1. High blood pressure **YES[#] / NO ***

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2. Cardiovascular system problems **YES[#] / NO ***

.....

3. Diseases of musculoskeletal system as : osteoarthritis, osteoporosis, low back pain, backache, cervical spine ache, joint pain, fractures, rheumatoid arthritis, muscle pain, tennis elbow, gout disease

YES[#] / NO *

.....

4. I've had musculoskeletal operations (especially joints, tendons, muscles)

YES[#] / NO *

.....

5. I have had a surgery

YES[#] / NO *

.....

6. Emergency contact:

Name and surname:

Phone no.:

Relation :

Client's signature / or legal guardian

* Cross out if not applicable [#] Specify your health problem