



Surname

First Name

Adress

Date of Birth

Postcode, City

Social security number

Telephone number

Nationality

E-Mail

Occupation

Athletic experience
(gym, types of sports, competitions, etc.)

Injuries in the last 10 years

Cardiovascular problems (high/low blood pressure, diabetes, etc.)

Medication (vitamin products, oral contraceptives, anti-allergic agents, etc.)

Other physical or mental limitations

I hereby certify that all my answers are complete and true and acknowledge that I am obligated to declare all other medically relevant facts during the training course.

I acknowledge that I can start the training course only with the consent of a physician.

All submitted data will be treated confidentially and are only available to PFA instructors for practical reasons.

Place, date

Signature course participant