

## FFCO HEALTH QUESTIONNAIRE (First license or license renewal)

This health questionnaire should lead you, in the event of a positive answer to one of the questions, to take medical measures, to review your state of health with your attending physician and to adapt your sports practice to your current state of health.

Answer the following questions with YES or NO*	YES	NO
<b>During the last 12 months</b>		
1) Did a member of your family die suddenly of a cardiac or unexplained cause?		
2) Have you experienced chest pain, palpitations, unusual shortness of breath, or malaise?		
3) Have you had an episode of wheezing (asthma)?		
4) Did you have a loss of consciousness?		
5) If you stopped sports for 30 days or more for health reasons, did you resume without the agreement of a doctor?		
6) Have you started long-term medical treatment (excluding contraception and allergy desensitization)?		
<b>Nowadays</b>		
7) Do you feel pain, lack of strength or stiffness following a bone, joint or muscle problem (fracture, sprain, dislocation, tear, tendonitis, etc.) that has occurred during the last 12 months?		
8) Is your sports practice interrupted for health reasons?		
9) Do you think you need medical advice to continue your sports practice?		
*NB : The answers given are the sole responsibility of the respondent.		

The FFCO recommends carrying out a medical visit as defined in the medical regulations when first applying for a license or resuming sport or whenever there is a change in their state of health, this being the sole responsibility of the respondent (without federal control).