

Health Self-Declaration Form

(For Italian citizens in Italian territory, a medical certificate is required)

PLEASE COMPLETE ALL REQUIRED FIELDS LEGIBLY

FORENAME	
SURNAME	
PASSPORT OR ID No.	
DATE OF BIRTH	
ADDRESS	
Next of kin details : close family or friend (write on the right somebody's full name and phone number)	

Do you suffer or have you suffered from any of the following?

Symptom	Yes	No	Symptom	Yes	No
Breath related problems (asthma or shortness of breath)			Heart related problems		
Epilepsy or blackouts			Any addiction that may have impact on the training course/s		
high/low blood pressure			Nervous disorders		
Stomach disorders			Allergies		
Any hearing disability			Back or disc related problem		
Diabetes (insuline dependent)			Mobility problems		
Anamia			Any other relevant symptom not listed		

Are you currently taking any medication (prescribed or over the counter)? If so, please provide more details:

Is there any illness, hospitalization, etc that may affect your ability to take part in the T.S.T.S. training course/s – activity ?

YES NO

I hereby declare that, to the best of my knowledge there is nothing on grounds of health which would preclude me from taking part in the training with T.S.T.S. program.

Name of course/s – activity: _____ Date of the course/s - activity _____

Place and Date
(Luogo, Data)

Signature
(Firma)

NOTE

Based on the type of event organised, provide the documents requested by the Management

Information and sending completed form to: info@ludwig.rs / +39 347 27 60 688 (Mob/Whatsapp Ita-Eng)