

Renewal of a sports federation licence

Health questionnaire « **QS – SPORT** »

This health questionnaire will tell you whether you need to provide a medical certificate to renew your sports licence.

Answer the following questions with YES or NO*	YES	NO
Over the last 12 months		
1) Has a member of your family died suddenly from a heart-related or unexplained cause?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you experienced chest pain, palpitations, unusual shortness of breath, or a malaise ?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you had an episode of wheezing (asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Did you lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5) If you stopped doing sport for 30 days or more for health reasons, did you resume without a doctor's approval?	<input type="checkbox"/>	<input type="checkbox"/>
6) Have you started any long-term medical treatment (excluding contraception and allergy desensitisation)?	<input type="checkbox"/>	<input type="checkbox"/>
To date		
7) Are you experiencing pain, lack of strength or stiffness as a result of a bone problem, joint or muscle problem (fracture, sprain, dislocation, tear, tendonitis, etc.) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8) Are you taking a break from sport for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>
9) Do you think you need medical advice to continue playing sport?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*NB: The answers given are the sole responsibility of the licensee.</i>		

If you answered NO to all the questions :

No medical certificate is required. Simply certify that you have answered NO to all the questions on your licence renewal application, in accordance with the federation's requirements.

If you answered YES to one or more questions :

Medical certificate required. Consult a doctor and present this completed questionnaire.



ATTESTATION QUESTIONNAIRE DE SANTÉ « QS-SPORT » POUR LES MAJEURS

Dans le cadre du renouvellement de ma licence et conformément à la réglementation du Code du sport et du règlement médical de la FFA,

Je, soussigné(e) M/Mme,
atteste avoir renseigné le **questionnaire de santé « QS-Sport » pour les majeurs** et avoir répondu par la négative à toutes les questions.

Date et signature du licencié(e)
