



## ANNEX 2: MEDICAL SELF-ASSESSMENT FORM (TEMPLATE)

YOUR PERSONAL HEALTH IS YOUR OWN RESPONSIBILITY. YOUR TRAINING PROVIDER SHALL NOT BE HELD RESPONSIBLE FOR ANY ILLNESS WHATSOEVER DURING OR AFTER THE TRAINING.

I hereby confirm that I have read and understood the listed risks and potentially life-threatening medical conditions and that I am physically and medically fit to participate in GWO Training.

I hereby confirm that there is no factor that will inhibit or affect my participation in GWO Training. I agree to follow all instructions from the appointed Instructor for the duration of the GWO Training. Should there be any doubt regarding my medical fitness, the training provider will stop the training and seek a physician’s advice.

Name as in passport	
Delegate WINDA ID	
Course module	
Signature and date	

The following conditions could pose a risk, when you participate in GWO training
<ul style="list-style-type: none"> <li>• Asthma or other respiratory disorders</li> <li>• Epilepsy, blackouts or other fits</li> <li>• Angina or other heart complaints</li> <li>• Vertigo or inner ear problems (difficulty with balance)</li> <li>• Claustrophobia/Acrophobia (fear of enclosed area/height)</li> <li>• Blood pressure disorder</li> <li>• Diabetes</li> <li>• Pacemaker or implanted defibrillator</li> <li>• Arthritis, osteoarthritis or other muscular/ skeletal disorders affecting mobility</li> <li>• Known allergies (E.g. bee, wasps or spider stings / bites)</li> <li>• Recent surgery</li> <li>• Any other medical condition or medication dependency that could affect climbing or physical impact of climbing</li> </ul>