Machine Translated by Google

NAME : SWEENEY

FIRST NAME : ROBERT

Reserved area **A-Center**
Case number: ____
Notice : ____

HEALTH QUESTIONNAIRE

(for the exclusive use of the association's medical staff)

DATE OF BIRTH : 07 / 08 / 1982 (DD MM YYYY) **SIZE (in cm):** 172 cm **WEIGHT (in kg):** 81 kg

Question	Answer
1) Have you ever experienced an epileptic seizure?	YES (NO)
2°) Are you diabetic and on insulin treatment?	YES (NO)
3) Do you have a history of cardiovascular problems? (Heart attack, angina, stent placement, bypass surgery...) If yes, please specify ____	YES (NO)
4) Do you suffer from heart rhythm disorders? If yes, please specify ____	YES (NO)
5) Do you have high blood pressure? - If so, is it being treated? ____ - If so, what is the last measure: ____	YES (NO)
6) Have you ever experienced a loss of consciousness and/or unexplained dizziness or Repeatedly?	YES (NO)
7) Have you ever attempted suicide?	YES (NO)
8°) Do you have a history of spinal fractures (cervical, thoracic, lumbar)? If yes, please specify ____	YES (NO)
9) Do you have hip, elbow, shoulder or knee prostheses? If yes, please specify ____	YES (NO)
10°) Did you experience a head injury with loss of consciousness?	YES (NO)
11) If you are a woman, are you pregnant?	YES NO
12°) Have you had surgery in the last 12 months? If yes: when and of what? ____	YES (NO)
13) Do you take any medication every day? If so, which ones? LISINOPRIL	(YES) NO
14°) Do you suffer from a disease affecting the muscles?	YES (NO)
15) Do you suffer from a neurological disease? If so, which one? ____	YES (NO)
16°) Have you ever had, or do you have ever had, episodes of vertigo?	YES (NO)
17) Do you have any useful information to share? ____	YES (NO)

I solemnly swear that the information provided above is accurate and truthful, and that I have not concealed or omitted any information related to my state of health and my physical and mental capabilities.

Done at GERMANY The 26 / 04 / 2026 signature : [signature]