

Medical Questionnaire

1) Has someone in your family died suddenly / unexpectedly of a heart condition or unexplained illness? YES NO

During the last 12 months

2) Have you experienced chest pain, palpitations, unusual shortness of breath, or discomfort? YES NO

3) Have you had an episode of wheezing (asthma)? YES NO

4) Have you had a loss of consciousness? YES NO

5) If you stopped sport for 30 days or more for health reasons, did you resume without the consent of a doctor? YES NO

6) Have you started long-term medical treatment (excluding contraception and desensitization to allergies) YES NO

Currently

7) Do you feel pain, lack of strength or stiffness following a bone injury, joint or muscle problem (fracture, sprain, dislocation, tears, tendonitis, ...) that occurred during the last 12 months? YES NO

8) Is your sporting participation interrupted or limited for health reasons or injury? YES NO

9) Do you think you need medical advice to continue your sport? YES NO

- NB: the answers formulated are the sole responsibility of the participant.

Next Steps:

If you have answered YES to any of the questions 1 to 9, you must:

Visit a medical practitioner (GP) to complete this [medical non-contraindication certificate \(https://bit.ly/2lqrhKz\)](https://bit.ly/2lqrhKz) which is valid for 12 months, and then [upload it to your entry on Engage-sport.com \(https://enduro2.fr/enduro2-faq/#modify\)](https://enduro2.fr/enduro2-faq/#modify)

ONLY If you have answered NO to ALL questions 1 to 9

a) Please [sign this declaration form \(https://bit.ly/2XnhMzH\)](https://bit.ly/2XnhMzH) and [upload it to Engage-sport.com](https://engage-sport.com)

OR

b) [Upload](#) your valid UCI **RACE** license (please ensure it is not expired, & still valid for this year). Note – *Provisional* licenses are not accepted.

In all cases, please **bring a photocopy** of your medical form or UCI license to give to us at registration