

F-0717 Ausgabe 2

Medical Self-Assessment

Your personal health is in your own responsibility. Your training provider shall not be held responsible for any illness whatsoever during or after the training.

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

The following conditions could pose a risk when you actively participate in a training:

- Asthma or other respiratory disorders
- Epilepsy, blackouts, or other fits
- Angina or other heart complaints
- Vertigo or inner ear problems (difficulty with balance)
- Claustrophobia/Acrophobia (fear of enclosed area/height)
- Blood pressure disorder
- Diabetes
- Pacemaker or implanted defibrillator
- Arthritis, osteoarthritis or other muscular/skeletal disorders affecting mobility
- Known allergies (E.g. bee, wasps or spider stings/bites)
- Recent surgery
- Any other medical condition or medication dependency that could affect climbing or physical impact of climbing
- Increased temperature (38,5 °C or higher)
- Pulmonary diseases
- Symptoms of a cold
- Known contact to a contaminated person with Covid-19

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Name			
Date of birth		WINDA-ID (only for GWO-courses)	
E-mail address			
Phone number		Date of courses	
Course module(s)			
Date			
Signature			



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