

Statement by all Participant (MF1)



A: FITNESS

I _____ hereby certify that I take part in regular physical activity as follows:
_____ times per week for a minimum of _____ minutes per session.

(We recommend a minimum of 3 times per week for a period of 20 minutes per session)

I am training at stress level: **Low** **Medium** **High** (please circle)

I take part in the following sports for leisure/competitively:

1.	2.
3.	4.

I intend to participate in the following sports in Malaga:

1.	2.
3.	4.
5.	6.

B: MEDICATION

	Name	Frequency/24 hrs.	Dose
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I am / am not on Anticoagulants. (Please circle)

C: DATA STORAGE AND PARTICIPATION IN CLINICAL RESEARCH

I am willing to be approached to participate in clinical research during the WTG in 2017 **YES** **NO** (please circle)

I agree that my data may be stored in a de-identified form and be used for future studies by the WTGF authorised researchers **YES** **NO** (please circle)

Full Name: _____ Signature: _____

Email: _____ Date: _____