Health questionnaire

For running coaching or performance testing · no additional signature required. For each No/Yes/Unsure question, select exactly one answer.

Complete this questionnaire only after you have received the privacy notice and given your explicit consent. Please provide only information relevant to the agreed sports service; do not provide medical reports. Consent is recorded in the accompanying service package or by an explicit electronic declaration; completing this questionnaire does not replace consent.

If you need more space for an answer, attach an additional sheet with your name, the date and the relevant question.

Name _____

Date completed _____

Date of birth _____

Agreed service:

☐ Coaching ☐ Lactate test ☐ vLaMax test

Training and goals

Sporting goals and planned races

Running experience, current sessions and kilometres per week

Available training days, other sports and day-to-day demands

Health information relevant to training

Do you have any conditions, injuries or limitations that need to be considered during training or testing?

○ No ○ Yes ○ Unsure

Information and symptoms relevant to the service

Have you experienced chest pain, unexplained fainting, unusual shortness of breath, an unusually rapid heartbeat or other unexplained symptoms during exercise?

○ No ○ Yes ○ Unsure

Relevant details:

Further health information

Name

Date

Have you recently had an infection, a fever or other acute symptoms?

○ No ○ Yes ○ Unsure

When, and how are you now?

Do you take any medicines that may affect your exercise capacity, heart rate, circulation or blood clotting?

○ No ○ Yes ○ Unsure

Relevant details

Do not stop taking or change your medicines on your own for training or testing. Unexplained symptoms relevant to safety will be clarified before exercise. This questionnaire is not a medical examination or a certificate of fitness to participate in sport.

Only for testing involving blood samples

Do you have a known tendency to bleed excessively or any problems following minor skin punctures?

○ No ○ Yes ○ Unsure

Relevant details:

Do you have any sensitivities to skin disinfectants, gloves or plasters?

○ No ○ Yes ○ Unsure

Relevant details:

Have you previously experienced problems with your circulation or fainted when having blood taken?

○ No ○ Yes ○ Unsure

Relevant details:

Any particular considerations for the planned exercise

Changes and follow-up questions

Name _____

Date _____

Changes since your last update or since completing this questionnaire

What else should be discussed before training or testing begins?

Your answers should reflect what you currently know. Please report relevant changes before the next exercise session affected by them. You are not required to guarantee that you are completely healthy or aware of every medical condition.

Coach's record

Discussion date and participants

Follow-up questions and answers relevant to the service

Agreed adjustments or clarification required before proceeding

Before testing: current condition and any changes on the test day discussed.

Date of the discussion on the test day _____

No further client signature is required. Consent to the necessary data processing is recorded in the accompanying service package or by an explicit electronic declaration. Any subsequent updates will be handled in accordance with the consent in force and its scope.