BUP SAIL course HEALTH STATEMENT

Our teachers and students are expected to assume responsibility for their own safety.

This Health statement is the first step for your responsible participation in the SAIL course/sailing. We have been sailing with teachers and students every year since 1996 and this questionnaire is a result of our experience.

Please take time for this inquiry and for your own sake, safety, and wellbeing answer every question honestly.

Are you afraid of heights?	□ yes	\Box no
Are you by experience very prone to motion sickness?	\Box yes	\square no
Do you have diabetes?	□ yes	\square no
If yes, do you need injections?	□ yes	🗆 no
Do you have any respiratory problems?	□ yes	\Box no
Do you have any heart or vascular problems?	□ yes	\Box no
Do you have epilepsy?	□ yes	\square no
Do you have hearings problem?	□ yes	\square no
Do you have any neurological problems?	□ yes	🗆 no
Do you have or have you had an increased risk for infections?	□ yes	🗆 no
Did you have radio or chemotherapy in the past two years?	□ yes	🗆 no
Have you been denied a driver's licence on medical reasons?	□ yes	\square no
Do you use anticoagulants?	□ yes	\Box no
Do you take any medicines?	□ yes	🗆 no
If yes please specify below		
		•••
Is there another medical condition of which we should be notified?	\Box yes	\square no
If yes please specify below		
	•••••	•••
	•••••	•••
Known allergies		•••

By signing this Health Statement I declare to have answered all questions truthfully and that I am familiarized with sailing conditions on board Fryderyk Chopin.

Place and date Name and signature.....

Please notice that in case your application will be accepted, you will be asked to have your doctor signature under your Health Statement