

Health declaration form for registrants to Marathon Israel events

*The following is written in the masculine form but applies equally to the feminine as well.

Part 1: Medical questionnaire

Please read the following questions thoroughly and answer each of them honestly by marking the correct answer.

1. Has your doctor told you that you suffer from cardiovascular disease? Yes/No
2. Do you ever feel chest pain? (Select one of the possible answers below)
3. When at rest? Yes/No B. In your daily activity? Yes/No C. When you engage in physical exercise/activity? Yes/No
4. Over the last year, have you ever: (Mark your answer in one of the possible answers below)
5. Lost your balance due to dizziness? (mark No – if the dizziness was a result of hyperventilation during intense physical activity). Yes/No B. Lost consciousness? Yes/No
6. Has a doctor diagnosed you with asthma and therefore, over the last three months: (Select one of the possible answers below)
7. You needed medication? Yes/No B. You were short of breath or wheezing? Yes/No
8. Has one of your immediate family members died recently? (Select one of the possible answers below)
9. From cardiovascular disease? Yes/No B. A sudden death at an early age? (Before age 55 for men; before age 65 for women) Yes/No
10. Over the last five years, has your doctor told you to engage in physical activity under medical supervision? Yes/No
11. Do you suffer from any chronic illness not mentioned above, which could prevent you from or limit you when engaging in physical activity? Yes/No
12. For pregnant women: Has this or any previous pregnancy been defined as being at risk? Yes/No

Name _____

Start number _____

_ID number _____

Name of the race _____

Signature _____

Date _____

Part 2: Instructions

If you marked YES in any of the question in Part 1 of this form – then in order to register for the event you must provide Marathon Israel with a medical certificate, according to which a physician confirms that participation in a sporting event does not involve any risk to your health. Israel Marathon will allow participation in the event only with medical certificates issued no more than three months previously. The certificates should be submitted at the distribution of the running kit, as a condition for participating in the event.

In any case of change in your medical condition, consult your physician with regard to participation in the event.

Part 3: Declaration:

I hereby declare that all of the details I have given are correct, and that I am fit to participate in the event.

- I the undersigned hereby declare that I am aware of the fact that I will be participating in a sporting event that involves considerable physical effort.
- I hereby declare that I am in good health and fit for activity and that I have trained properly in preparation for it.
- I understand that my participation, if I am not properly prepared for it physically, could put my health at risk.
- I am aware of the fact that the organizing committee of the event, the organizing body, the actual organizer and providers of sponsorship, shall not bear any responsibility for any harm caused to me, including physical injury caused to me prior to the event, during it and after it, nor for the loss of any equipment or belongings.
- If you have suffered or suspect that you have suffered from any illness during the week before the activity including fever, digestive disorders or coughing, consult your physician before participating in the activity and receive his approval for making the effort.

I declare that I have read and understood the entire medical questionnaire and

Name _____

Start number _____

_ID number _____

Name of the race _____

Signature _____

Date _____