



## Pre-trial information form

Name: \_\_\_\_\_

Trainer/supervisor: \_\_\_\_\_

Do you suffer from one or more of the following contraindications?

- Epilepsy
- Serious diabetes
- Serious heart and vascular diseases
- Hernia, discopathy and spondylosis or chronic back problems
- Headache
- Knee and hip implants
- Long-lasting unexplainable fever
- Continuous use of drugs, in particular pain relievers and corticosteroids
- Pacemaker
- Rheumatoid arthritis
- Recently placed loops, metal clamps, bolts or pins
- Thrombotic disorders
- Tumours
- Fresh inflammations
- Fresh wounds as a result of an operation or surgery
- Pregnancy
- Serious migraine

Do other disorders exist that may influence the training?

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_