



Personal questionnaire

SWISS ICE CHALLENGE on the 2nd of March 2019 in LAAX

Introduction

The first SWISS ICE CHALLENGE will take place soon and you're there!
Congratulations!

We are very happy to face this CHALLENGE with you on the 2nd of March in LAAX. Together with the other 99 participants you will show the world how easy it can be to do something good for yourself and others. The time of physical and mental weakness is over - we will become the captain of our own lives again!

Please return this short questionnaire by e-mail to: info@swissicechallenge.org.

Simply print, fill in and scan or take a picture of it 😊. Your information will be treated confidentially and will not be shared with third parties.

Please do not miss the deadline **until January 12th, 2019**. A careful organization is essential for your health and the success of the first SIC 2019. Thank you for your support!

Personal questionnaire for participants

Name: **M / F**

Birth date:

Address:
.....

T-Shirt size: **Duration of your SIC: 90 / 60 / 30 minutes**

(Mobile)phone

E-mail:



Questions about your general health

- | | Ja | Nein |
|--|--------------------------|--------------------------|
| 1. Are you currently healthy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you suffer or did you suffer from any of the following conditions? | | |
| • heart diseases | <input type="checkbox"/> | <input type="checkbox"/> |
| • severe hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| • epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| • kidney failure | <input type="checkbox"/> | <input type="checkbox"/> |
| • severe asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| • recent operations | <input type="checkbox"/> | <input type="checkbox"/> |
| • migraine | <input type="checkbox"/> | <input type="checkbox"/> |
| • auto-immune diseases (such as rheumatism, MS, Crohn, diabetes,...)
If so, which? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| • Other noteworthy conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| 3. Do you currently use | | |
| • medication for the heart? | <input type="checkbox"/> | <input type="checkbox"/> |
| • other prescription drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| | | |
| 4. Do you have any allergies? (food / environment / etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| 5. Are you currently pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there anything else, you would like us to know? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| 7. I hereby declare that I have truthfully answered all questions and report any changes to the organizers of the SIC until my participation. | <input type="checkbox"/> | <input type="checkbox"/> |

Location & Date:

Signature: