

- Valid for six months -

MEDICAL CERTIFICATE

For participation to the qigong courses/practice
(to be completed by the GP)

LAST NAME _____ FIRST NAME _____

Age _____ ID/Passport No..... ADDRESS: Country _____

City _____, St. _____, No. _____, District/ County _____,

Postal/Zip Code _____

CLINICALLY HEALTHY? YES NO, Blood pressure ____/____mmHg, Pulse ____/min

• For women: Is she pregnant? YES NO If YES, which pregnancy month ?

If pregnant, please obtain the agreement of your gynecologists on page 2 of this document !

• Any chronic disease? YES NO

If YES, please specify _____

Information about the patient

- Is he / she able to cope with an average mental and physical exercise (eg: is he / she be able to walk 2-3 floors on stairs, to ride a bike, to swim, etc.)? YES NO

- Does he/ she suffer from a contagious disease? YES NO

- Does he / she suffer from a serious disease in an advanced stage? YES NO

If YES, which ones? _____

- Is he/she recorded with serious heart problems (myocardial infarction, heart failure, Stenosis, he/ she wears a heart valve prosthesis, a cardiac pacemaker, by-pass or had a heart operation, etc.)? YES NO

If YES, which ones? _____

- Is he / she recorded with mental illness? YES NO

If YES, which ones? _____

Date,

Signature of the physician / stamp

<p>To be completed by the organizer:</p> <p>.....</p> <p>.....</p>
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MEDICAL CERTIFICATE

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LAST NAME _____ FIRST NAME _____

The pregnancy is progressing normally and is monitored in accordance with the requirements of the
Ministry of Health **YES** **NO**

The pregnant woman is in treatment for the prevention of premature labour **YES** **NO**

Date

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Stamp/ Signature of the gynecologist

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