

## Questionnaire before medical checkup, climbing with a large height difference between levels

First name	Last name	Civic registration number
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### Medical history

Have you applied for care due to illness or equivalent, as follows, in the past year:

	YES	NO
Occupational injury or incident		
Other injury / accident		
Cared for in hospital		
Discomfort in neck, shoulders		
Discomfort in chest or lower back		
Hip or knee joint problems		
Other problems – skeletal, in muscles, joints		
High blood pressure		
Low blood pressure		
Tendency to feel faint		
Lung disease / asthma		
Other respiratory disorders / diseases (e.g. cough, increased mucus production)		
Headache		
Neurological disease (paralysis, epilepsy, chronic pain)		
Hearing impairment or other difficulties of hearing / sense of balance)		
Visual impairment or other visual difficulties		
Dizziness		
Mental disorders (especially claustrophobia)		
Head injury / unconsciousness		
Discomfort associated with diving or flying		
Eczema / skin disorders		
Allergy problems		
Stomach or intestinal disease		

	YES	NO
Kidney or urinary tract disease		
Gynaecological disorders		
Have sought a doctor for a cause other than the above		
Do you use glasses or lenses?		
Do you smoke?		
Have you tried drugs?		
Do you use alcohol?		
Have you been absent from work due to illness in the past year? If YES – state how many days:		
Do you use medicine regularly? If YES – state which medications you are using:		
Do you feel completely healthy?		

**Present medication:**

Name of medicine, strength and dose
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**I have answered the above questions truthfully and to the best of my ability.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_