

## HEALTH QUESTIONNAIRE - LICENSE MINOR PRIOR TO A LICENSE APPLICATION

**This health questionnaire allows you to know whether you must provide a medical certificate to apply for your license with the French Football Federation, according to the rules set out in Article 70 of the General Regulations of the F.F.F.**

**Warning to parents or to the person having parental authority: It is preferable that this questionnaire is completed by your child, it is up to you to consider at what age he can do so. It is your responsibility to make sure that the questionnaire is completed correctly and that you follow the instructions based on the responses.**

**PRACTICING A SPORT: IT IS RECOMMENDED FOR ALL.** Have you discussed this with a doctor? Did you let yourself examine for advice? This questionnaire is not a control. You answer with YES or NO, but there are no right or wrong answers. You can look at your health book and ask your parents for help.

### **DURING THE PREVIOUS YEAR: YES OR NO**

Have you been to the hospital for a whole day or more than one day?

Have you had any surgery?

Have you grown much more than the past few years?

Did you lose much weight or gain weight?

Did you have your head spinning during an exertion?

Did you pass out or fell with no memory of what happened?

Did you have one or more violent shocks that forced you to interrupt a sports session for a while?

Did you have a lot of trouble with breathing during an exertion compared to usual?

Did you have a lot of trouble with breathing after an exertion?

Did you have pain in the chest or palpitations (the heart which beats very quickly)?

Have you started taking a new medication daily and for a long time?

Have you stopped exercising because of a health problem for more than a month?

**SINCE A CERTAIN TIME (MORE THAN 2 WEEKS): YES OR NO**

Are you feeling very tired?

Did you fall asleep or wake up often in the night?

Do you feel less hungry?

Are you worried?

Do you cry more often?

Do you feel pain or lack of strength due to an injury that occurred this year?

**TODAY: YES OR NO**

Do you sometimes think about stopping doing sports or changing sports?

Do you think you need your doctor to continue in sport?

Would you like to report something about your health?

**PARENTAL QUESTIONS TO BE COMPLETED: YES OR NO**

Has anyone in your family had a serious heart or brain disease, did he/she suddenly die before the age of 50?

Are you worried about his/her weight? Do you find that he/she is eating too much or not enough?

Have you missed the health checkup scheduled for your child's age with the doctor? (This medical examination is scheduled at the age of 2 years, 3 years, 4 years, 5 years, between 8 and 9 years, between 11 and 13 years and between 15 and 16 years)

**IF YOU ANSWERED NO TO ALL QUESTIONS:**

No medical certificate to provide. Simply certify, according to the terms and conditions provided for by the F.F.F., on your license application (online or on paper), to have answered NO to all questions when applying for the license.

**IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS:**

Medical certificate to be provided. Consult a doctor and present the questionnaire.