



Health Declaration

Wim Hof Fundamentals Workshop

March 8th, 2025 at the Barn in Minturn

Name: M / F

Date of birth: / /

Address.....

(Mobile)phone

E-mail:

Questions regarding your overall health

1. Are you currently healthy? Yes ☐ No ☐

2. Do or did you suffer from one of the following conditions:

	Yes	No
• Heart diseases?	<input type="checkbox"/>	<input type="checkbox"/>
• Serious hypertension?	<input type="checkbox"/>	<input type="checkbox"/>
• Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
• Kidney failure?	<input type="checkbox"/>	<input type="checkbox"/>
• Serious asthma?	<input type="checkbox"/>	<input type="checkbox"/>
• Recently performed surgery?	<input type="checkbox"/>	<input type="checkbox"/>
• Migraine?	<input type="checkbox"/>	<input type="checkbox"/>

• Auto-immune diseases (such as rheumatism, MS, Crohn, diabetes, asthma), if so, which? Yes ☐ No ☐

• Other conditions Yes ☐ No ☐



3. Are you allergic to a certain substance? (food/environment, etc.). Yes ☐ No ☐

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4. Are you currently pregnant or do you wish to become pregnant? Yes ☐ No ☐

5. Is there anything else your practitioner should know about? Yes ☐ No ☐

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7. I hereby declare that I have filled out this form truthfully.

Date://

Signature participant:

