

- *Validity: six months / two months for* the events conducted by the Master-

## MEDICAL CERTIFICATE

For submission to participate in qigong courses/practice  
(to be completed by the GP)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Age \_\_\_\_ ID No..... ADDRESS: Country \_\_\_\_\_ City \_\_\_\_\_,  
Str. \_\_\_\_\_, no. \_\_\_\_\_, district \_\_\_\_\_, Postal 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 two 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 climb 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 at 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

To be completed by the organizer: .....

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LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

The pregnancy is proceeding 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** .....

**Stamp and signature of the gynecologist**

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