Union Nationale Sportive
leo lagrange

DOCUMENT TO BE KEPT

Health questionnaire "QS-SPORT – licencié majeur" for the purpose of obtaining or renewing a sports licence[1]

This questionnaire will determine whether or not you need to consult a doctor in order to obtain a medical certificate of fitness and contraindications for sports to provide to the managers of your association.

If you answered YES to one or more of the questions below, your health requires medical checkup before starting or continuing any physical activity. You must consult your doctor so that they can examine you and issue you with a medical certificate stating that there are no contraindications to practicing sport. This certificate is necessary to attend a unicycle competition in France.

If you answer NO to each of the questions in the questionnaire, you can send this certificate to the association where you are applying for or renewing your licence.

This health questionnaire determines whether you need to provide a medical certificate to renew your sports licence.

IN THE LAST TWELVE MONTHS:	YES	NO
1) Has a member of your family died suddenly from a cardiac or unexplained cause? *Un membre de votre famille est-il décédé subitement d'une cause cardiaque ou inexpliquée ?*	☐	☐
2) Have you experienced chest pain, palpitations, unusual shortness of breath, or fainting? *Avez-vous ressenti une douleur dans la poitrine, des palpitations, un essoufflement inhabituel ou un malaise ?*	☐	☐
3) Have you had an episode of wheezing (asthma)? *Avez-vous eu un épisode de respiration sifflante (asthme) ?*	☐	☐
4) Have you lost consciousness? *Avez-vous eu une perte de connaissance ?*	☐	☐
5) If you stopped sports for 30 days or more for health reasons, did you resume without a doctor's approval? *Si vous avez arrêté le sport pendant 30 jours ou plus pour des raisons de santé, avez-vous repris sans l'accord d'un médecin ?*	☐	☐
6) Have you started long-term medical treatment (excluding contraception and allergy desensitization)? *Avez-vous débuté un traitement médical de longue durée (hors contraception et désensibilisation aux allergies) ?*	☐	☐

Union Nationale Sportive
leo lagrange

AS OF TODAY :		
7) Do you feel pain, weakness, or stiffness due to a bone, joint, or muscle problem (fracture, sprain, dislocation, tear, tendinitis, etc.) that occurred in the last 12 months? *Ressentez-vous une douleur, un manque de force ou une raideur suite à un problème osseux, articulaire ou musculaire (fracture, entorse, luxation, déchirure, tendinite, etc.) survenu durant les 12 derniers mois ?*	☐	☐
8) Is your sports practice interrupted for health reasons? *Votre pratique sportive est-elle interrompue pour des raisons de santé ?*	☐	☐
9) Do you think you need medical advice to continue your sports practice? *Pensez-vous avoir besoin d'un avis médical pour poursuivre votre pratique sportive ?*	☐	☐
Note: Responses are the sole responsibility of the licence holder.		

[1] In accordance with medical confidentiality, I will keep this personal medical information confidential and undertake to submit this certificate to the association to which I am applying for renewal of my sports licence.

Union Nationale Sportive
leo lagrange

DOCUMENT TO BE SUBMITTED TO THE RESPONSIBLE PERSON OF YOUR ASSOCIATION

Certificate relating to "QS-SPORT – licencié majeur" for the purpose of obtaining or renewing a sports licence

As part of the application for the granting or renewal of a licence with the UNSLL, I, ... (name/surname), born on ..... in ....., confirm that I have completed the health questionnaire and answered all questions on the health questionnaire with 'No'.

Season 2025/2026, Club.....(Sports club name to be completed)

Made to serve and be valid as required by law.

Done at :..... on ...../...../20.....

Signature (handwritten):

[2] With reference to Decree No. 2016-1157 of 24 August 2016 on medical certificates attesting to the absence of contraindications to practising sport.