Esports Gamer Health and Wellness Declaration Form

Personal Information

Full Name	
Age	
Team/Organization	
Email Address	
Health Status	
Average Hours of Sleep per Night	
Average Daily Screen Time (hours)	
Do you engage in physical exercise regularly?	
Do you take regular breaks during gaming sessions?	
Do you maintain a balanced diet?	
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Medical Declaration	
List any current medical conditions	
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Are you taking any medications?	
Do you have any injuries affecting gameplay?	

Consent & Declaration

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I confirm that the information provided is accurate and complete.