**WNBF Athlete Polygraph Examination Questionnaire**

***\*All personal information contained within this document will be kept strictly confidential between the Athlete, Leo & Charlotte King of WNBF Canada and ITR Polygraph.***

***\*Use of this Document for any other Federation or Purpose is strictly prohibited.***

**Competition date(s):**

**Competition location(s):**

**Full name:**

**Date of birth:**

**What is your mailing address:**

**PLEASE COMPLETE THE FOLLOWING QUESTIONS TRUTHFULLY**

**AND TO THE BEST OF YOUR KNOWLEDGE**

**Have you read the WNBF Banned Substance list?**  **Yes or**  **No**

**Are there any products on that list that you are concerned about? Yes or No**

**If Yes, please explain:**

**Have you competed before? Yes or No**

**If Yes, when and with which organization?**

**Have you ever taken a Polygraph Examination before? Yes or No**

**If Yes, for what reason?**

**Is your intention to be truthful during the Polygraph Examination? Yes or No**

**Have you used any anabolic steroids in the past 10 years?  Yes or No**

**Have you used any human growth hormone (HGH) or Peptides in the past 10 years?  Yes or No**

**Have you used any banned stimulants for bodybuilding or weight loss purposes in the past 10 years?  Yes or No**

**Have you failed any Federations Banned Substance test; Polygraph or urinalysis test in the past 10 years?  Yes or No**

**Have you used any prescription diuretics to prepare for this competition? Yes or No**

**Have you used SARM's Selective Androgen Receptor Modulators in the past 2 years?  Yes or No**

**Have you used Clenbuterol in the past 2 years?  Yes or No**

**Have you used insulin for bodybuilding purposes? Yes or No**

**Have you used any of the prohibited items listed on the WNBF Canada Banned Substances List after their respective prohibition date? Yes or No**

**Are you taking any prescription medications at this time? Yes or No**

**If Yes, please list them below:**

**Please bring all medications in their original bottle with you to your Polygraph appointment.**

**Are there any WNBF Banned Substances contained in any of your medications? Yes or No**

**If Yes, please explain below and also contact WNBF Canada to discuss this further:**

**Please Note:** **If you are taking a medication that is listed on the WNBF Banned Substance List you MUST bring a doctor's note explaining the reason you are taking the medication, explain how long you have taken this medication and if there have been any modifications made to the prescription.**

**\* Please provide this Doctor’s Note as soon as possible and please bring it ON THE DAY OF YOUR APPOINTMENT.**

**Have you taken any prescribed medication that was used also for weight loss? For example: Vyvanse or Ozempic or any other brand of medication? Yes or No**

**If Yes, please list below:**

**Please list all the supplements you have been taking to prepare for this competition:**

**Are there any supplements that you have been taking that you are not sure about, in regard to the WNBF Banned Substance List? Yes or No**

**If Yes, please explain and also contact WNBF Canada to discuss this further:**

**Do you have any questions for the Polygraph Examiner? Yes or No**

**If Yes, please list your questions or concerns and contact our office at any time with your questions and concerns.**

**Dated:**

**Print your full name:**

***Please print this form and sign below:***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian (if under age 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE REMEMBER TO:**

**Complete this form and bring it with you to your appointment with ITR Polygraph**