

**WNBF Athlete Polygraph Examination Questionnaire**

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

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

COMPETITION DATE: \_\_\_\_\_

COMPETITION LOCATION: \_\_\_\_\_

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?

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 and also contact the WNBF Canada to discuss this further, thank you

**Please Note:** If you are taking a medication that is listed on the Banned Substance List for the WNBF 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 DR'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 regards to the WNBF Banned Substance List? Yes or No

If Yes: Please explain and also contact the WNBF Canada to discuss this further, thank you:

\_\_\_\_\_  
\_\_\_\_\_

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

If Yes: Please list your questions or concerns and please also contact our office at any time with your questions and concerns.

---

---

Dated: \_\_\_\_\_

Print your full name: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_

**PLEASE REMEMBER TO:**

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

**ITR Polygraph contact information:**

Holiday Inn Express  
1145 St. Albert Trail  
St. Albert, AB  
780-460-1040 office of ITR Polygraph

\*Please meet in the lobby of the Hotel and Lesley Donaldson will meet you there for your scheduled appointment.