

Patient _____ Chart Number _____

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|---|-------|
| 1. Has anyone in the athlete’s family had a heart attack, unexplained fainting or seizures, or died suddenly before age 50, including SIDS, car accident, drowning? | Y / N |
| 2. Has the athlete ever stopped exercising because of dizziness, extreme fatigue, or passed out during exercise? | Y / N |
| 3. Has the athlete ever been told that he/she has a heart murmur, heart problem or high blood pressure or had a heart test ordered by a doctor? | Y / N |
| 4. Has the athlete experienced chest pains with exercise or felt any extra strong or irregular heart beats? | Y / N |
| 5. Does the athlete have shortness of breath, asthma (wheezing), hay fever, or coughing spells after exercise? | Y / N |
| 6. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? | Y / N |
| 7. Does the athlete have a history of a concussion (getting knocked out)? | Y / N |
| 8. Has the athlete ever suffered a heat related illness (heat stroke)? | Y / N |
| 9. Does the athlete have a chronic medical problem or see a doctor regularly for a particular problem? | Y / N |
| 10. Does the athlete have only one of any paired organs (if yes, circle: eye, ear, kidney, testicle, ovary)? | Y / N |
| 11. Does the athlete wear eye glasses or contact lenses? | Y / N |
| 12. Is the athlete taking any medications? If yes, what: | Y / N |
| 13. Is the athlete allergic to any medications or insects? | Y / N |
| 14. Has the athlete had any operations/surgery? If yes, describe: | Y / N |
| 15. Has the athlete had a tetanus booster in the last 10 years? Date: | Y / N |
| 16. Has the athlete been diagnosed with an unexplained seizure disorder? | Y / N |

Please explain any Yes answers:

Are there any relatives with certain conditions such as:

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|---|-------|
| Enlarged Heart: Hypertrophic cardiomyopathy (HCM) | Y/N |
| Dilated cardiomyopathy (DCM) | Y/N |
| Heart Rhythm problems: Long QT syndrome (LQTS) | Y/N |
| Short QT syndrome | Y/N |
| Brugada syndrome | Y/N |
| Catecholaminergic ventricular tachycardia | Y/N |
| Arrhythmogenic right ventricular cardiomyopathy (ARVC) | Y/N |
| Pacemaker or implanted defibrillator | Y / N |
| Deaf at birth: congenital deafness | Y/N |
| Marfan syndrome (aortic rupture) | Y/N |

Parent _____

Date _____

MD Review _____