

SPORTS EXAM QUESTIONNAIRE

PARENT SECTION (Circle “Yes” or “No”)

Yes No Is there any history of a family member who died from heart disease before age 50?

Yes No Is there any family member who suffers from heart disease which started before age 50?

Yes No Any history of a heart *rhythm* problem, “long QT syndrome”, “cardiomyopathy”, or Marfan Syndrome in any relative?

Yes No Any history of a relative experiencing sudden death while exercising?

Please explain any “Yes” answers below:

STUDENT SECTION (Circle “Yes” or “No”)

Yes No Have you ever had any sensation of abnormal heartbeat or chest pain with exercise?

Yes No Have you ever had any history of fainting (“syncope”) or dizziness with exercise?

Yes No Have you ever had any excessive shortness of breath (compared to your friends) or excessive tiredness/fatigue with exercise?

Yes No Have you ever had any history of a heart murmur or elevated blood pressure?

Please explain any “Yes” answers below:

Dr. Initials/Date Reviewed:

Name: _____

DOB: _____

MR#: _____