



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 Mafan Syndrome In any relative?
- Yes    No    Any history of a relative experiencing sudden death while exercising?

Please explain any "Yes" answers below:

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**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:

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Dr. Initials / Date Reviewed:

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Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MR#: \_\_\_\_\_



Sports Participation Questionnaire

- 1) Has a doctor ever denied or restricted your participation in sports for any reason?
2) Have you ever passed out or nearly passed out DURING or AFTER exercise?
3) Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
4) Does your heart ever race or skip beats (irregular beats) during exercise?
5) Has a doctor ever told you that you have any heart problems?
6) Does anyone in your family have a heart problem, a condition called Marfan syndrome, or a surgically implanted device that controls/resets abnormal heart rhythms?
7) Has any family member/relative younger than 50-years old ever died of a heart problem or had an unexpected/unexplained sudden death?
8) Have you ever had a head injury or concussion?
9) Do you have a history of seizures?
10) Have you ever missed a practice or a game due to an injury to any bone, muscle, ligament, or tendon?

Patient Instructions: Please note today's date and circle "N" for no or "Y" for yes to the corresponding questions above.

Table with 12 columns: Date, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, MD. Each cell contains 'N/Y' for response.

Provider Comments: