

Cardiovascular Screening*

Family name: _____

First name: _____

Date of birth : _____

Health Insurance Comp: _____

Personal history

	NO	YES (YEAR)
Have you ever fainted or passed out when exercising?		
Does running ever cause chest tightness?		
Have you ever had chest tightness, cough, which made it difficult to sport?		
Have you ever been treated/hospitalized for asthma?		
Have you ever had a seizure?		
Have you ever been told that you have epilepsy?		
Have you ever been told to give up sports because of health problems?		
Have you ever been told you have high blood pressure?		
Have you ever been told you have high cholesterol?		
Do you have trouble breathing or do you cough during or after activity?		
Have you ever been dizzy during or after exercise?		
Have you ever had chest pain during or after exercise?		
Do you have or have you ever had racing of your heart or skipped heartbeats?		
Do you get tired more quickly than your friends do during exercise?		
Have you ever been told you have a heart murmur?		
Have you ever been told you have a heart arrhythmia?		
Do you have any other history of heart problems?		
Have you had a severe viral infection (such as myocarditis or mononucleosis)?		
Have you ever been told you had rheumatic fever?		
Do you have any allergies?		

Please specify the allergies here

Are you taking any medications at the present time?		
Please specify the medication here		
Have you routinely taken any medication in the past two years?		
Please specify the medication here		
Do you have any other history of diabetes?		
Have you had a encephalitis?		
Do you have any other history of thyroid dysfunction?		
Have you had any surgical operation?		
Please specify type of surgery		
Have you ever had an injury related to sport (please specify the root cause)?		
Have you been injured by your opponent?		
If YES, please specify the injury here		
Have you ever had a muscle injury?		
If YES, please specify the injury here		
Have you ever had a joint or ligament injury?		
If YES, please specify the injury here		
Have you even broken a bone?		
If YES, please specify the injury here		
Have you ever had an illness not specified above?		
If YES, please specify		

Family History

Has anyone in your family less than 50 years old:	NO	YES
Died suddenly and unexpectedly?		
Had unexplained car or motorcycle accident?		
Been treated for recurrent fainting?		
Had unexplained drowning when swimming?		
Had unexplained seizure problems?		
Had heart surgery or transplantation?		
Had a pacemaker or defibrillator implanted?		
Been treated for irregular heart beat?		
Has anyone in your family experienced sudden infant death (cot death)?		
Has anyone in your family been treated for Marfan syndrome (Connective tissue disorders)?		
Has anyone in your family diagnosed with one of the following disorders:		
Diabetes		
High blood pressure		
Ischemic heart disease (coronary artery disease)		
Cardiomyopathy		

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Date

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Signature

* Lausanne Recommendations: sudden cardiovascular death in sport. Preparticipation cardiovascular screening. Under the umbrella of the International Olympic Committee Medical Commission, 10 December 2004