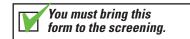
## **Medical Questionnaire**



## CONFIDENTIAL

Please fill out the form completely. Heart conditions are affected by a number of variables. Answering honestly will help doctors accurately assess your cardiac health.

STUDENTS NAME (PRINT)  DA	TE OF BIRTH	PLEASE INDICATE STUDENT'S SCHOOL (IF APPLICABLE)
Student's Medical History		Student's Current Condition
Are you allergic to latex?	☐ Yes ☐ No	Please check all that apply.
Have you ever been told to limit your participation in sports?	☐ Yes ☐ No	If you have chest pain or pressure—When?
If yes, why?		☐ Resting ☐ Walking ☐ Exercise ☐ None
Have you ever been told you have high blood pressure?	□ Yes □ No	If you experience skipped heartbeats—When?
If yes, when?		☐ Resting ☐ Walking ☐ Exercise ☐ None
Have you ever been told you have a heart condition?	□ Yes □ No	If you experience a fast heartbeat—When?
If yes, what?		☐ Resting ☐ Walking ☐ Exercise ☐ None
Have you had any chronic illnesses?	□ Yes □ No	
If yes, what?		If you experience shortness of breath—When?
		☐ Resting ☐ Walking ☐ Exercise ☐ None
Have you had any injuries?	☐ Yes ☐ No	If you experience ankle or leg swelling—When?
If yes, please list:		☐ Resting ☐ Walking ☐ Exercise ☐ None
Have you been hospitalized or visited an emergency room?	□ Yes □ No	
If yes, please list:		If you feel light-headed or dizzy—When?
		☐ Resting ☐ Walking ☐ Exercise ☐ None
Have you had any surgeries?	☐ Yes ☐ No	If you experience fainting or seizure—When?
If yes, what?		☐ Resting ☐ Walking ☐ Exercise ☐ None
Are you taking any prescription medication?	☐ Yes ☐ No	
If yes, what?		Are there any known heart conditions for anyone in your family?
Charles d'a Carriel History		If yes, please explain who it was, and what the heart
Student's Social History		il yes, piedse expiain who it was, and what the heart
Have you ever used performance enhancing drugs, high-caffeine energy supplements or diet pills?	□ Yes □ No	condition was
Do you drink energy drinks?	□ Yes □ No	
Family Medical History		
Has anyone developed heart disease under the age of 50?	□ Yes □ No	
Has anyone died from heart disease under the age of 50?	□ Yes □ No	
Has there been any unexplained, or unexpected deaths before 50?	☐ Yes ☐ No	
Has anyone had unexplained fainting or seizures?	☐ Yes ☐ No	

