

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.



You must bring this form to the screening.

STUDENTS NAME (PRINT) _____

DATE OF BIRTH _____

PLEASE INDICATE STUDENT'S SCHOOL (IF APPLICABLE) _____

Student's Medical History

Are you allergic to latex? ☐ Yes ☐ No

Have you ever been told to limit your participation in sports? ☐ Yes ☐ No

If yes, why? _____

Have you ever been told you have high blood pressure? ☐ Yes ☐ No

If yes, when? _____

Have you ever been told you have a heart condition? ☐ Yes ☐ No

If yes, what? _____

Have you had any chronic illnesses? ☐ Yes ☐ No

If yes, what? _____

Have you had any injuries? ☐ Yes ☐ No

If yes, please list: _____

Have you been hospitalized or visited an emergency room? ☐ Yes ☐ No

If yes, please list: _____

Have you had any surgeries? ☐ Yes ☐ No

If yes, what? _____

Are you taking any prescription medication? ☐ Yes ☐ No

If yes, what? _____

Student's Social History

Have you ever used performance enhancing drugs, high-caffeine energy supplements or diet pills? ☐ Yes ☐ No

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

Student's Current Condition

Please check all that apply.

If you have chest pain or pressure—When?

☐ Resting ☐ Walking ☐ Exercise ☐ None

If you experience skipped heartbeats—When?

☐ Resting ☐ Walking ☐ Exercise ☐ None

If you experience a fast heartbeat—When?

☐ Resting ☐ Walking ☐ Exercise ☐ None

If you experience shortness of breath—When?

☐ Resting ☐ Walking ☐ Exercise ☐ None

If you experience ankle or leg swelling—When?

☐ Resting ☐ Walking ☐ Exercise ☐ None

If you feel light-headed or dizzy—When?

☐ Resting ☐ Walking ☐ Exercise ☐ None

If you experience fainting or seizure—When?

☐ Resting ☐ Walking ☐ Exercise ☐ None

Are there any known heart conditions for anyone in your family?

If yes, please explain who it was, and what the heart

condition was _____

