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**The information disclosed in this document is strictly confidential and should remain between doctor and patient. The results of the screening should be transmitted solely to the athlete and his/her legal representatives.

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Inizio modulo

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| --- | --- |
| **Name** |  |
| **Surname** |  |
| **National federation** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |
| **Personal history** | Yes | No |
|  |  |  |
| **1.    Have you ever fainted or passed out when exercising?** |  |  |
| **2.    Do you ever have chest tightness?** |  |  |
| **3.    Does running ever cause chest tightness?** |  |  |
| **4.    Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform sport?** |  |  |
| **5.    Have you ever been treated/hospitalized for asthma?** |  |  |
| **6.    Have you ever had a seizure?** |  |  |
| **7.    Have you ever been told that you have epilepsy?** |  |  |
| **8.    Have you ever been told to give up sports because of health problems?** |  |  |
| **9.    Have you ever been told you have high blood pressure?** |  |  |
| **10.   Have you ever been told you have high cholesterol?** |  |  |
| **11.   Do you have trouble breathing or do you cough during activity?** |  |  |
| **12.   Have you ever been dizzy during or after exercise?** |  |  |
| **13.   Have you ever had chest pain during or after exercise?** |  |  |
| **14.   Do you have or have you ever had racing of your heart or skipped heartbeats?** |  |  |
| **15.   Do you get tired more quickly than your friends do during exercise?** |  |  |
| **16.   Have you ever been told you have a heart murmur?** |  |  |
| **17.   Have you ever been told you have a heart arrhythmia?** |  |  |
| **18.   Do you have any other history of heart problems?** |  |  |
| **19.   Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?** |  |  |
| **20.   Have you ever been told you had rheumatic fever?** |  |  |
| **21.   Do you have any allergies?** |  |  |
| **22.   Are you taking any medications at the present time?** |  |  |
| **23.   Have you routinely taken any medication in the past two years?** |  |  |

**Family History**

| **Has anyone in your family less than 50 years old:** | Yes | No |
| --- | --- | --- |
|  |  |  |
| **24.   Died suddenly and unexpectedly?** |  |  |
| **25.   Been treated for recurrent fainting?** |  |  |
| **26.   Had unexplained seizure problems?** |  |  |
| **27.   Had unexplained drowning while swimming?** |  |  |
| **28.   Had unexplained car accident?** |  |  |
| **29.   Had heart transplantation?** |  |  |
| **30.   Had pacemaker or defibrillator implanted?** |  |  |
| **31.   Been treated for irregular heart beat?** |  |  |
| **32.   Had heart surgery?** |  |  |
| **33.   Has anyone in your family experienced sudden infant death (cot death)?** |  |  |
| **34.   Has anyone in your family been told they have Marfan syndrome?** |  |  |

 I certify that all information given is true and exact

 Athlete Signature Parent Signature Date