



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.

Any changes, distribution or duplication of this document is strictly prohibited

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?



SPORT IN THE OLYMPIC PROGRAMME





INTERNATIONAL TRIATHLON UNION

- 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

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

I certify that all information given is true and exact

Athlete Signature

Parent Signature

Date



SPORT IN THE OLYMPIC PROGRAMME

