

PRE-PARTICIPATION SPORTS EXAM

Name: _____

Date of Birth: _____

Patient Questions

1. Has your child fainted or passed out during or after exercise, emotion, or startle?
 Yes No
 2. Has your child ever had extreme shortness of breath during exercise?
 Yes No
 3. Has your child had extreme fatigue associated with exercise that is different from other children?
 Yes No
 4. Has your child ever had discomfort, pain, or pressure in their chest during exercise?
 Yes No
 5. Has your doctor ever ordered a test for your child's heart?
 Yes No
 6. Has your child ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma not well-controlled with medication?
 Yes No
-

Family History Questions

1. Are there any family members who had a sudden, unexpected, unexplained death before age 50 (including SIDS, car accident, drowning, or near-drowning)?
 Yes No
2. Are there any family members who died suddenly of "heart problems" before age 50?
 Yes No
3. Are there any family members who have had unexplained fainting or seizures?
 Yes No
4. Are there any relatives with certain conditions, such as:
 - Enlarged heart, such as Hypertrophic Cardiomyopathy
 Yes No
 - Dilated Cardiomyopathy
 Yes No
 - Heart rhythm problems, such as:
 - Long QT syndrome
 Yes No

- Short QT syndrome
 Yes No
- Brugada Syndrome
 Yes No
- Catecholaminergic Ventricular Tachycardia
 Yes No
- Arrhythmogenic Right Ventricular Cardiomyopathy
 Yes No
- Marfan Syndrome (aortic rupture)
 Yes No
- Heart attack, age 50 or younger
 Yes No
- Pacemaker or implanted defibrillator
 Yes No
- Deaf at birth (congenital deafness)
 Yes No

This form should help streamline the process of assessing health risks associated with physical activity for young athletes.