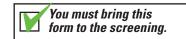
Medical Questionnaire



CONFIDENTIAL

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

PARTICIPANT'S NAME (PRINT) DAT	E OF BIRTH					
To be completed by parent (if under 18)/participant (if over 18)		I	Completed	by 🗆 part	icipant 🗆	parent
Participant's Medical History			Participan	t's Social His	tory	
Allergic to latex?	☐ Yes	□ No	Have you ever used performance enhancing drugs,			
Active in sports? What sport? If NO, why?			high-caffeine energy supplements or diet pills? ☐ Yes ☐ No If Yes, how many per dayweekly			
High blood pressure? If yes, when?	□ Yes	□ No	Do you drinl □ Yes	k energy drinks □ No many per day_	?	
Pre-existing heart condition?	☐ Yes	□ No		,, ,_		
If yes, what?			Participan	t's Current Co	ndition	
Chronic illness? If yes, what?	□ \/		Please check all that apply.			
	☐ Yes		If you have had chest pain or pressure—When?			
ii yes, wilat:			☐ Resting	□ Walking	☐ Exercise	□ None
Previous injuries?	☐ Yes	□ No	If you have	experienced sk	inned hearthes	ate\M/hon?
If yes, please list:			-	□ Walking		
Previous hospitalization or visit to emergency room?	☐ Yes	□ No	· ·	· ·		
If yes, please list:			If you have experienced fainting or seizure—When?			
O	□ \/		☐ Resting	☐ Walking	☐ Exercise	☐ None
Surgeries? If yes, please list	☐ Yes		If you have	experienced a t	fast heartbeat-	When?
			☐ Resting	☐ Walking	☐ Exercise	□ None
Prescription medication?	☐ Yes		If la			
If yes, please list.			-	experienced un □ Walking		
Family Medical History			□ nesting	□ vvalkiliy	□ Exercise	
Adopted?	□ Yes		If you have	experienced sh	ortness of brea	ath—When?
Has anyone in your family developed heart disease under the age of 40?			\square Resting	\square Walking	☐ Exercise	□ None
Has anyone in your family died from heart disease under the age of 40? Any unexplained or unexpected deaths in your family under the age of 40?	☐ Yes		If you have t	felt light-heade	ad or dizzv—\\	lhan?
Has anyone in your family suffered from unexplained fainting or seizures?			☐ Resting	□ Walking	Exercise □	□ None
Are there any known heart conditions for anyone in your family?	☐ Yes		ப Heating	□ vvaikiiig	L LAGICISE	L INUITE
If yes, please explain who it was, and the heart condition						FOR OFFICE USE
						REVIEWED BY:

