

PRE PARTICIPATION QUESTIONNAIRE FOR ATHLETES

Please circle your answer:

1. Sports related injuries in past 1 year. Yes/No
2. Concussions in past 1 year. Yes/No
3. Dizziness or fainting during or after sports. Yes/No
4. Chest pain during or after sports. Yes/No
5. Wheezing/Coughing/Shortness of breath during or after sports. Yes/No
6. Rapid heartbeat or irregular heart beat during or after sports. Yes/ No
7. Family history of sudden cardiac death before age 50. Yes/ No
8. History of Sickle cell disease or trait. Yes/No
9. History of high blood pressure. Yes/No
10. Family history of Marfan's, abnormal heart rhythm, enlarged heart, long QT syndrome, abnormal EKG, Brugada syndrome etc. Yes/No
11. History of seizures. Yes/No
12. History of single kidney or single testicle. Yes/No

If yes to any, explain briefly:
