

Sports Participation Questionnaire

Name: _____ DOB: _____

1) Have you ever been restricted sports participation in the past? (Y/N) ____

Explain: _____

2) Allergies to food, medication, etc. (Y/N) ____ Explain: _____

3) Ever passed out during or after exercise? (Y/N) ____ Explain: _____

4) Ever had chest pain and/or pressure during exercise? (Y/N) ____

5) Ever had palpitations? (Y/N) ____

6) Ever had an EKG/ECHO? (Y/N) ____ If yes, what were the results? _____

7) Have you ever been told you have a heart problem? (Y/N) ____ Explain: _____

8) Family history of sudden death before age 50? (Y/N) ____ If yes, who? _____

9) Family history of heart disease? (Y/N) ____ If yes, who? _____

10) Family history of Marfan Syndrome? (Y/N) ____ If yes, who? _____

11) Ever had surgery or overnight hospital stay? (Y/N) ____ If yes, when (mo/year) and for what?

12) Ever sustain an injury requiring you to miss a game/practice (including concussions?) (Y/N) ____

If yes, when (mo/year) and for what injury? _____
