

Sports Participation Questionnaire

Name: _____ DOB: _____

1) Have you ever been diagnosed with COVID-19? Y N If yes, when? _____

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

3) Have you ever had to restrict your sports participation in the past? Y N

If yes, explain why: _____

4) Ever passed out or fainted? Y N If yes, explain: _____

5) Have you ever had shortness of breath during exercise? Y N

6) Have you ever had chest pain during exercise? Y N

7) Have you ever had palpitations or felt like your heart was racing? Y N

8) Have you ever had an EKG/ECHO? Y N If yes, what were the results? _____

9) Have you ever been told you have a heart problem? Y N If yes, explain: _____

10) Family history of sudden death before age 50? Y N If yes, who? _____

11) Family history of heart disease? Y N If yes, who? _____

12) Family history of Marfan Syndrome? Y N If yes, who? _____

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

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

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