# Institute for Exercise and Environmental Medicine

**Athlete Health Questionnaire** Today's Date: ___/___/____

| Name: | Date of Birth: |
|---|---|
| Phone: | Address: |
| School: | Grade: |
| Sport: | Date of Last<br>Sports Physical Exam: |

Instructions:
Please answer yes or no to the following questions.
Circle any question numbers you are unable to answer.

| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR | | |
|---|---|---|
| **In the last year…** | Yes | No |
| Has a doctor has restricted your participation in sports for any reason without clearing you to return to sports? | ☐ | ☐ |
| Have you passed out or nearly passed out *during* or *after* exercise? | ☐ | ☐ |
| Have you had discomfort, pain, tightness, or pressure in your chest during exercise? | ☐ | ☐ |
| Does your heart race or skip beats (irregular beats) during exercise? | ☐ | ☐ |
| Do you get light-headed or feel more short of breath than expected during exercise? | ☐ | ☐ |
| Have you had an unexplained seizure? | ☐ | ☐ |
| **IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR** | | |
| **In the last year…** | | |
| Has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? | ☐ | ☐ |
| Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including an unexplained drowning or an unexplained car accident)? | ☐ | ☐ |
| Has anyone in your immediate family had instances of unexplained fainting seizures, or near drowning? | ☐ | ☐ |
| Has anyone in your immediate family been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? | ☐ | ☐ |
| Has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator? | ☐ | ☐ |
| **MEDICAL RISK QUESTIONS IN THE LAST YEAR** | | |
| **In the last year…** | | |
| Have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? | ☐ | ☐ |
| Have you had COVID-19 illness with trouble breathing, persistent chest pressure, confusion, inability to stay awake, high fever for more than 4 days, pale, gray or blue-colored skin, lips or nail beds, or hospitalization and not been approved for return to sports by a physician? | ☐ | ☐ |