

Pre Participation Questions

Date: _____

Name/Date of Birth: _____

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| 1. Have you ever passed out or fainted with exercise? | Yes | No |
| 2. Do you have persistent chest pain or discomfort with exercise? | Yes | No |
| 3. Has anyone ever told you that you have a heart murmur? | Yes | No |
| 4. Has anyone ever told you that you have high blood pressure? | Yes | No |
| 5. Do you cough and wheeze with exercise? | Yes | No |
| 6. Have you ever had a concussion or lost consciousness? | Yes | No |
| 7. Have you had any injuries over the past year that caused you to miss a practice or game? | Yes | No |
| 8. With exercise, do you get more short of breath or fatigued than others? | Yes | No |
| 9. Do you ever experience racing of your heart or skipped beats? | Yes | No |
| 10. Do you have frequent headaches, convulsions, dizziness or fainting? | Yes | No |
| 11. Have you ever had problems tolerating heat, such as heat exhaustion or heat stroke? | Yes | No |
| 12. Has a family member died suddenly at less than 40 years old of causes other than an accident? | Yes | No |
| 13. Has any family member had a heart attack at less than 55 years of age? | Yes | No |
| 14. Does anyone in your family have heart disease (e.g. hypertrophic or dilated heart muscle, long QT, Marfan syndrome or arrhythmias)? | Yes | No |