

SPORTS PHYSICAL EVALUATION QUESTIONNAIRE

(Complete, signed, and dated by parent prior to physical)

PATIENT NAME _____ DATE OF BIRTH _____

IN REGARDS TO CHILD GETTING THE PHYSICAL:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Have you ever passed out or nearly passed out during or after exercise? | _____ | _____ |
| 2. Have you ever had discomfort, pain, or pressure in your chest during exercise? | _____ | _____ |
| 3. Does your heart race or skip beats during exercise? | _____ | _____ |
| 4. Has a doctor ever told you that you have high blood pressure, high cholesterol, a heart murmur, or a heart infection? | _____ | _____ |
| 5. Has a doctor ever ordered a test for you heart? (E.g., electrocardiography, echocardiography) | _____ | _____ |
| 6. Has anyone in your family died for no apparent reason? | _____ | _____ |
| 7. Does anyone in your family have a heart problem? | _____ | _____ |
| 8. Has anyone in your family died of heart problems or of sudden death before 50 years of age? | _____ | _____ |
| 9. Does anyone in your family have Marfan syndrome? | _____ | _____ |
| 10. Do you have a history of any major medical problems or surgeries? | _____ | _____ |

PLEASE EXPLAIN ANY YES ANSWERS:

Parent/Guardian Signature _____ Date _____