

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## SPORTS & CARDIAC RISK FACTOR CLEARANCE

Please fill this out for any patient over 10 years old, who is here for an annual check up, sports physical or camp physical.

### **PERSONAL HISTORY:** Have YOU, the patient, ever had any of the following:

[\*Please explain any "yes" responses at the end]

- |  |                |           |
|--|----------------|-----------|
| 1. Fainting/dizziness (especially with exercise), passing out, blacking out          | 1. YES         | NO        |
| 2. Seizures  | 2. YES         | NO        |
| 3. Rheumatic Fever   | 3. YES         | NO        |
| 4. Chest pain/shortness of breath with exercise                                      | 4. YES         | NO        |
| 5. Change in exercise tolerance  | 5. YES         | NO        |
| 6. Palpitations, increased heart rate, funny heart beats                             | 6. YES         | NO        |
| 7. History of high blood pressure  | 7. YES         | NO        |
| 8. History of heart murmur, other heart problems, extra heart sounds                 | 8. YES         | NO        |
| 9. History of viral illness with chest pains or palpitations                         | 9. YES         | NO        |
| <b>10. Have you been diagnosed with COVID-19? (Report date &amp; symptoms below)</b> | <b>10. YES</b> | <b>NO</b> |
| <b>11. Have you been tested for COVID-19?</b>  | <b>11. YES</b> | <b>NO</b> |
| <b>12. Have you been exposed to COVID-19?</b>  | <b>12. YES</b> | <b>NO</b> |

### **FAMILY HISTORY:** Has anyone in your FAMILY had any of the following:

[\*Please explain any "yes" responses at the end. Include the relationship of any affected family members and their age at the time of the cardiac event/diagnosis]

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|---|---------|----|
| 13. Sudden or unexplained death in someone young (less than 35 years old)   | 13. YES | NO |
| 14. Sudden cardiac death or heart attack in family members before 35 years old  | 14. YES | NO |
| 15. Sudden death during exercise  | 15. YES | NO |
| 16. Abnormal heart rhythm   | 16. YES | NO |
| 17. Hypertrophic Cardiomyopathy or enlarged heart   | 17. YES | NO |
| 18. Long QT Syndrome, short-QT Syndrome, or Brugada Syndrome  | 18. YES | NO |
| 19. Wolf-Parkinson-White or abnormal heart rhythm condition   | 19. YES | NO |
| 20. Event requiring resuscitation in young members (less than 35 years old),<br>including passing out requiring resuscitation | 20. YES | NO |
| 21. Marfan syndrome   | 21. YES | NO |

EXPLAIN ANY "YES"

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