

Pre Participation Cardiac Screening Questionnaire

Personal Details:

Name:	
Date of Birth:	
Gender:	
Parents/Guardians names:	
Name of person to be contacted in an emergency:	
Address:	
Contact Telephone number:	

History Screening:

(Please Circle)

1. Has a doctor ever advised you not to participate in sport due to a heart problem?	Yes	No
2. Do you have any heart conditions?	Yes	No
3. Are you taking any drugs for your heart?	Yes	No
4. Have you ever fainted during or after exercise?	Yes	No
5. Have you ever been dizzy during or after exercise?	Yes	No
6. Have you ever had chest pains during or after exercise?	Yes	No
7. Do you tire more quickly than your friends during exercise?	Yes	No
8. Have you ever been told that you have: a) High Blood Pressure? b) Heart Infection? c) Heart Murmur?		
9. Have you ever had heart tests carried out by a doctor?	Yes	No
10. Have you ever had very rapid heart beating that has begun and ended for no apparent reason?	Yes	No
11. Has anyone in your family died before the age of fifty from a heart condition for which no cause was found?	Yes	No

Explain the Yes answers:

IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS YOU SHOULD CONSULT YOUR GP