

NAME _____

Last 4 digits of SS# _____ SPORT _____

AGE _____ ID# 99__ - _____

HEART HISTORY: With your parent(s)/guardian, please answer questions 1-11 ONLY. Explain YES answers. Sign under Q# 11 acknowledging you answered the questions honestly and fully to the best of your knowledge.

- 1. Have you experienced **unexpected or unexplainable** chest pain/pressure with exertion? N Y _____
- 2. Have you experienced **unexpected or unexplainable** fainting or near fainting with sports activities or exertion? N Y _____
- 3. Have you experienced **unexpected or unexplainable** shortness of breath associated with exercise? N Y _____
- 4. Have you experienced **unexpected or unexplainable** fatigue with exercise? N Y _____
- 5. Have you ever been told you have a heart murmur?
_____ N Y
- 6. Have you ever been told you have or felt an irregular heart beat? N Y _____
- 7. Have you ever been told you have increased or high blood pressure at rest? N Y _____
- 8. Have you ever had an electrocardiograph (with electrodes) or an echocardiogram? N Y _____
- 9. Do any of these family members (mother, father, sister, brother, aunt, uncle, grandmother, grandfather) have a heart condition? (circle family member) N Y _____
If yes, is it hypertrophic cardiomyopathy (enlarged heart), dilated cardiomyopathy, long QT syndrome, Marfan syndrome, arrhythmias. Please circle the condition.
- 10. Has that family member or other family member ever developed cardiovascular disease before age 50? N Y _____
If yes, what disease? _____
- 11. Has any family members died before age 50 from cardiovascular disease? N Y _____
If yes, what relationship to you were they? _____

PHYSICAL EXAMINATION:

Student-Athlete sign: _____

A. BRACHIAL BP - SITTING _____ / _____

B. PRECORDIAL AUSCULTATION: SUPINE _____ STANDING _____

C. FEMORAL ARTERY PULSES L _____ R _____

D. MARFAN SCREENING – diagnostic features include two to four of the following characteristics along with positive family history, ocular, cardiovascular, and musculoskeletal abnormalities. If present, further evaluation may be required.

- a) arm span _____" height _____"(arm span longer than standing ht.?)
- b) severe kyphoscoliosis Y N
- c) concave chest deformity Y N
- d) eye lens dislocation Y N

I have reviewed the heart history and performed the cardiac exam. It is my professional opinion that this athlete is **CLEARED NOT CLEARED** for the heart check section of the physical exam.

Date _____ Provider Signature _____ Print Last Name _____