

MEDICAL HISTORY DATA

Surname _____ Name _____ Age _____ Gender M ☐ F ☐
Birth place _____ date of birth ____/____/____
Social Security Number _____
Identity card or Passport number _____ expire date ____/____/____
Address _____ ZIP code _____ Country _____
Occupation _____ Mobile/Tel. number _____ Email _____
Sport _____ Sport team _____

A) FAMILY MEDICAL HISTORY:

High blood pressure (Hypertension)	NO <input type="radio"/> YES <input type="radio"/>	Family member: _____
Heart disease	NO <input type="radio"/> YES <input type="radio"/>	Family member: _____
Diabetes	NO <input type="radio"/> YES <input type="radio"/>	Family member: _____
TBC	NO <input type="radio"/> YES <input type="radio"/>	Family member: _____
Sudden death	NO <input type="radio"/> YES <input type="radio"/>	Family member: _____
Congenital malformations.....	NO <input type="radio"/> YES <input type="radio"/>	Family member: _____

B) LIFESTYLE:

Do you usually smoke cigarettes?	NO <input type="radio"/> YES <input type="radio"/>	How many years have you smoked? _____
Do you drink alcoholic beverages?	NO <input type="radio"/> YES <input type="radio"/>	How many packages per day? _____
Tetanus immunization	NO <input type="radio"/> YES <input type="radio"/>	How many drinks per day? _____
Are you allergic to any other substances?	NO <input type="radio"/> YES <input type="radio"/>	Year _____
Do you suffer from heart diseases?	NO <input type="radio"/> YES <input type="radio"/>	Description _____
Do you suffer from lung diseases?	NO <input type="radio"/> YES <input type="radio"/>	Description _____
Do you suffer from kidney diseases?	NO <input type="radio"/> YES <input type="radio"/>	Description _____
Do you suffer from any other diseases?	NO <input type="radio"/> YES <input type="radio"/>	Description _____

C) MEDICAL HISTORY:

Have you ever had surgery?	NO <input type="radio"/> YES <input type="radio"/>	Which _____ Date _____
		Which _____ Date _____
		Which _____ Date _____
Have you ever suffered injuries?	NO <input type="radio"/> YES <input type="radio"/>	Date _____
Traumatic brain injury	NO <input type="radio"/> YES <input type="radio"/>	Date _____
Hospitalization	NO <input type="radio"/> YES <input type="radio"/>	When and why _____
Are you taking any prescription medications?	NO <input type="radio"/> YES <input type="radio"/>	Name _____ Frequency _____
		Name _____ Frequency _____
		Name _____ Frequency _____

D) FOR WOMAN:

Do you have regular periods?	NO <input type="radio"/> YES <input type="radio"/>	At what age did your period begin? _____
		When did your last period begin? _____
		Number of pregnancies: _____



E) SPORT NEWS

Visit requested for the following sport _____ For how many years you have done sports? ____

How often do you train in a week? _____ When you start your athletic activity? _____

Have you ever done a full medical checkup? NO ☐ YES ☐ When (last time) _____

Where (last time) _____

Were you always considered suitable? NO ☐ YES ☐

Have you ever been restricted from participation in physical activities? NO ☐ YES ☐ When and why _____

Were you ever declared physically unfitted? NO ☐ YES ☐ When and why _____

Were requested further medical examination tests? NO ☐ YES ☐ Which test? _____

During or after exercise, have you ever experienced the following:

Difficulty breathing more than usual NO ☐ YES ☐

Fast heart rate (palpitations) NO ☐ YES ☐

Chest pain, discomfort, or tightness..... NO ☐ YES ☐

Passed out or fainted NO ☐ YES ☐

Dizzy or lightheaded NO ☐ YES ☐

Aching bones or joints NO ☐ YES ☐

Epileptic seizures..... NO ☐ YES ☐

Have you ever taken substances to enhance your sport activities? NO ☐ YES ☐

Which _____

Dosage _____

The undersigned (or parent if is a minor) declares to have informed correctly the doctor of the current personal physical conditions, and reported the same as truth and to have not omitted anything about diseases or existing impairments or in act. I also declare that I have not been registered in other proceedings of not being suitable for fitness practices. I also hereby undertake the responsibility of not making use of illegal substances and to have been advised of all the possible risks arising from the abuse of alcohol and cigarettes.

The undersigned agrees also to inform the absence, if possible, within at least 24 hours notice, otherwise will have to cover the full cost of the visit.

Date of signature _____ Signature _____

Signature of parent/legal guardian (if athlete is under 18 years of age)

On the day of the visit is MANDATORY to bring with you the following:

- this questionnaire and the attached document related consent to the processing of personal data and informed properly completed and signed;
- a sample of urine collected in a special container;
- health card and social security number;
- identification card proving they have been vaccinated against tetanus;
- an identity document valid (example: id card, passport);
- any other health records, in particular, any previous electrocardiograms and / or cardiac investigations.

Please wear sports clothing (suit, shirt and shorts) and sneakers.

We recommend the following rules of conduct:

- Do not eat immediately before the visit (it is only allowed a small snack 2-3 hours before);
- Do not smoke for at least 2 hours;
- Not to perform any kind of muscular efforts of some importance in the previous hours;
- Bring along a bottle of water.