

Heart Health Questionnaire for Young Athletes

Parents, please assist your child in completing this form.

	YES	NO
Do you get chest pain/discomfort/tightness/pressure related to exercise or physical activity?	_____	_____
Have you had unexplained syncope (passing out) or near syncope (nearly passing out)?	_____	_____
Do you get excessive or unexplained shortness of breath, fatigue, or palpitations associated with exercise or physical activity?	_____	_____
Have you ever been diagnosed with COVID-19?	_____	_____
Have you ever been diagnosed with a heart murmur or high blood pressure?	_____	_____
Have you ever been restricted from participating in sports or other physical activities?	_____	_____
Has a doctor ever ordered a test for your heart? If so, what test and why?	_____	_____
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Has any close relative died of heart problems or had unexpected sudden death prior to the age of 50?	_____	_____
Does any close relative have hypertrophic or dilated cardiomyopathy, Marfan syndrome, long QT syndrome, or any clinically significant arrhythmia?	_____	_____
Do you have any specific knowledge of genetic cardiac conditions in the family?	_____	_____

Please add details as needed: