

Pre Participation Cardiac Screening Questionnaire



Personal Details:

Name:	
Date of Birth:	
Gender:	
Parents/Guardians Name:	
Name of person to be contacted in emergency:	
Address:	
Contact Number:	

History Screening

(Please circle)

Has a doctor ever advised you not to participate in sport due to a heart problem?	Yes	No
Do you have any heart condition?	Yes	No
Are you taking any drugs for your heart?	Yes	No
Have you ever fainted during exercise?	Yes	No
Have you ever felt dizzy during or after exercise?	Yes	No
Have you ever had chest pains during or after exercise?	Yes	No
Do you tire more quickly than your friends during exercise?	Yes	No
Have you ever been told that you have:		
<ul style="list-style-type: none"> • High blood pressure? • Heart Infection? • Heart Murmur? 		
Have you had heart tests carried out by your doctor?	Yes	No
Have you ever had very rapid heart beating that has begun and ended for no apparent reason?	Yes	No
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.