

ATHLETE MEDICAL HISTORY FORM

(NEEDS TO BE FILLED OUT BY PARENTS OF UNDER-18 ATHLETES)

FAMILY HISTORY

Any family member/close relative with heart problems/cardiovascular disease (i.e. sudden death, heart failure, coronary heart disease, congenital heart disease, stroke, hypertension) or diabetes? *(if yes please specify who and at what age)*

ATHLETE'S PAST AND PRESENT HEALTH

- Any ongoing or past condition/severe disease?

- Allergies and/or asthma?

- Any surgery?

- Any injury/major trauma?

- Has he/she ever passed out during or after exercise?

- Any other relevant information?

ATHLETE PHYSICAL ACTIVITY

- How often does he/she play sport?

ATHLETE NAME AND SURNAME _____

PARENT OR LEGAL GUARDIAN NAME AND SURNAME _____

PARENT OR LEGAL GUARDIAN SIGNATURE _____