

WORLD TRIATHLON PPE QUESTIONNAIRE - ENGLISH

The information disclosed in this document is strictly confidential and should remain between doctor and patient. The results of the screening should be transmitted solely to the athlete and his/her legal representatives.

Any changes, distribution or duplication of this document is strictly prohibited.

Name

Surname

National Federation

Date of birth

Address

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Phone

Email

PERSONAL HISTORY	YES	NO
1. Have you ever fainted or passed out when exercising?		
2. Do you ever have chest tightness?		
3. Does running ever cause chest tightness?		
4. Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform sport?		
5. Have you ever been treated/hospitalized for asthma?		
6. Have you ever had a seizure?		
7. Have you ever been told that you have epilepsy?		
8. Have you ever been told to give up sports because of health problems?		
9. Have you ever been told you have high blood pressure?		
10. Have you ever been told you have high cholesterol?		
11. Do you have trouble breathing or do you cough during activity?		
12. Have you ever been dizzy during or after exercise?		

13. Have you ever had chest pain during or after exercise?		
14. Do you get tired more quickly than your friends do during exercise?		
15. Have you ever been told you have a heart murmur?		
16. Have you ever been told you have a heart arrhythmia?		
17. Do you have any other history of heart problems?		
18. Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?		
19. Have you ever been told you had rheumatic fever?		
20. Do you have any allergies?		
21. Are you taking any medications at the present time?		
22. Have you routinely taken any medication in the past two years?		

FAMILY HISTORY	YES	NO
Has anyone in your family less than 50 years old:		
23. Died suddenly and unexpectedly?		
24. Been treated for recurrent fainting?		
25. Had unexplained seizure problems?		
26. Had unexplained drowning while swimming?		
27. Had unexplained car accident?		
28. Had heart transplantation?		
29. Had pacemaker or defibrillator implanted?		
30. Been treated for irregular heartbeat?		
31. Had heart surgery?		
32. Has anyone in your family experienced sudden infant death (cot death)?		
33. Has anyone in your family been told they have Marfan syndrome?		

I certify that all information given is true and exact.

Athlete Signature

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Parent Signature

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Date:

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