

ANAMNESTIC FORM FOR COMPETITIVE SPORT

SURNAME:..... NAME:
 AGE SEX: MALE FEMALE IDENTITY CARD NUMBER:
 BORN INON ADDRESS:
 TEL. NUMBER: MOBILE NUMBER:
 Sports club:
 Sports required:
 Have you ever done this kind of test ? YES NO If yes where?.....in which year?
 Have you ever had a bad judgment about a fitness certificate? YES NO Why?
 Have you ever made any further investigations? YES NO Which one and when?

ATHLETE SPORT HISTORY

Current sport activity for years.....
 Sports played in the past years..... for years.....
 Number of training hours per week hours per week

Physical efforts:

Very remarkable
 Remarkable
 Medium
 Light

Have you ever accused:

Have you ever accused:

	at rest	under stress (during exercise)
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Grait fatigue/effort	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL HISTORY OF THE FAMILY

(disease present in the first-degree relatives: parents, brothers, uncles, grandparents)

1. Heart disease who?
which ones?
2. Did cases of sudden death at young age take place (<50) in your family?
who?
3. High blood pressure? who?
4. Stroke who?
5. Diabetes who?
6. High cholesterol who?
7. Kidney disease who?
8. Asthma who?
9. Allergies who?
10. Liver disease who?
11. Other disease who?
12. Have you ever had disease with a genetic inheritance? Specify who and which:.....

ATHLETE'S MEDICAL HISTORY

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(past or present diseases)

- Heart diseases Ischemic heart disease valvular disease hypertension
- arrhythmias other disease?
- Lung disease which ones?
- Kidney disease which ones?
- Surgery which ones?
when?
- Serious injuries which ones?
when?
- Traumatic brain injury which ones?
when?
- Hospital admission why?
when?
- chickenpox measles mononucleosis rubella scarlet fever
- otitis/sinusitis/tonsillitis mumps whooping cough
- pneumonia diabetes mellitus dyslipidemia
- Allergies which ones?.....
- Other diseases what?
- Do you use medicines? which ones?
- Dose of the medicine.....
- Do you smoke? How many cigarettes in a day?..... Since when?.....
- Do you drink alcohol? what kind of alcohol? How many glasses in a day?
- Do you drink coffee? how many cups in a day?.....
- Pregnancies how many?period (age) date of last menstruation.....

I declare that I have properly informed the doctor about my psycho-physical condition, that the above mentioned is true and that I didn't omit anything about illnesses or impairments previous or current:

I also declare that I have never received a bad judgement about the fitness practice in competitive sports in other health facilities.

I also declare that actually I do not have any other pending briefcases of visit for fitness for competitive or non-competitive sports in other public or private health facilities of sports medicine,

I undertake not to use illegal substances, I declare that I have been informed about the dangers of tobacco smoking and alcohol abusing.

I undertake to follow, fully respecting the prescription of the doctor and prescribed anti-hypertensive therapy (if any). I am aware that failure to comply with the therapeutic indications will turn invalid the certification of eligibility issued by the Specialist.

Fully informed about the execution of the test I agree to undergo the examination provided by Presidential Decree 18/2/82 concerning the issue of the certificate of fitness for competitive sport.

I am aware that in case of unsuitability judgement, a notice must be sent to the appropriate Health Department of the region Friuli Venezia-Giulia as well as to the sports club membership.

Date,

Signature of the athlete
or who is exercising parental authority