

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

Physical efforts:

Very remarkable
 Remarkable
 Medium
 Light

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)

- Heart disease who?.....
which ones?
- There have been cases of sudden death at young age (<50) in your family?
who?.....
- High blood pressure? who?
- stroke who?
- diabetes who?
- High cholesterol who?
- Kidney disease who?
- Asthma who?
- Allergies who?
- Liver disease who?
- Other disease who?
- Have you ever had disease with a genetic inheritance? Specify who and which:.....

