



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.

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Table with 2 columns: Field Name, Value. Fields include Name, Surname, National federation (Japan Triathlon Union), Date of Birth, Address, Phone, E-mail.

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 have or have you ever had racing of your heart or skipped heartbeats?





INTERNATIONAL TRIATHLON UNION

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

Family History

- | <b>Has anyone in your family less than 50 years old:</b>                   | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 24. Died suddenly and unexpectedly?  | <input type="radio"/> | <input type="radio"/> |
| 25. Been treated for recurrent fainting?                                   | <input type="radio"/> | <input type="radio"/> |
| 26. Had unexplained seizure problems?                                      | <input type="radio"/> | <input type="radio"/> |
| 27. Had unexplained drowning while swimming?                               | <input type="radio"/> | <input type="radio"/> |
| 28. Had unexplained car accident?  | <input type="radio"/> | <input type="radio"/> |
| 29. Had heart transplantation?   | <input type="radio"/> | <input type="radio"/> |
| 30. Had pacemaker or defibrillator implanted?                              | <input type="radio"/> | <input type="radio"/> |
| 31. Been treated for irregular heart beat?                                 | <input type="radio"/> | <input type="radio"/> |
| 32. Had heart surgery?   | <input type="radio"/> | <input type="radio"/> |
| 33. Has anyone in your family experienced sudden infant death (cot death)? | <input type="radio"/> | <input type="radio"/> |
| 34. Has anyone in your family been told they have Marfan syndrome?         | <input type="radio"/> | <input type="radio"/> |

I certify that all information given is true and exact

Athlete Signature

Parent Signature

Date



SPORT IN THE OLYMPIC PROGRAMME

