



INTERNATIONAL TRIATHLON UNION

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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Name

Surname

National federation

Date of Birth

Address

Phone

E-mail

Personal history

Yes No

- 1. Have you ever fainted or passed out when exercising? Yes No
- 2. Do you ever have chest tightness? Yes No
- 3. Does running ever cause chest tightness? Yes No
- 4. Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform sport? Yes No
- 5. Have you ever been treated/hospitalized for asthma? Yes No
- 6. Have you ever had a seizure? Yes No
- 7. Have you ever been told that you have epilepsy? Yes No





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- 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?
- 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

Has anyone in your family less than 50 years old:

Yes No

- 24. Died suddenly and unexpectedly?
- 25. Been treated for recurrent fainting?
- 26. Had unexplained seizure problems?





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27. Had unexplained drowning while swimming?
28. Had unexplained car accident?
29. Had heart transplantation?
30. Had pacemaker or defibrillator implanted?
31. Been treated for irregular heart beat?
32. Had heart surgery?
33. Has anyone in your family experienced sudden infant death (cot death)?
34. Has anyone in your family been told they have Marfan syndrome?

I certify that all information given is true and exact

Athlete Signature

Parent Signature

Date



SPORT IN
THE OLYMPIC
PROGRAMME

