



INTERNAL MEDICINE & PEDIATRICS OF CULLMAN, P.C.

### Sports Physical Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please explain any YES answers

1. Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones?

\_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever had exercise-related chest pain or shortness of breath?

\_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_

3. Has anyone in your immediate family (parents, grandparents, siblings) or other, more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS (Sudden Infant Death Syndrome).

\_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_

4. Are you related to anyone with hypertrophic cardiomyopathy/hypertrophic obstructive cardiomyopathy, Marfan syndrome, arrhythmogenic cardiomyopathy, long QT syndrome, short QT syndrome, baroreceptor sensitivity, or catecholaminergic polymorphic ventricular tachycardia or anyone younger than 50 years with a pacemaker or implantable defibrillator?

\_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_

Based upon current guidelines, history and physical exam, and any appropriate testing, there is no obvious reason for exclusion from sports participation. Reasonable medical standards indicate that the child may participate. However, the parent(s) must consider the child's individual risks vs. benefits for participation, and understand that "clearance" is NOT a guarantee against adverse outcomes or future medical problems.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_