

Team Name



Medical Forms

Organisation / Club

Organisation Logo / Company Stamp

Cardiac Screening Questionnaire

These forms must be fully completed and signed by the player.

For all players under 21 years of age this disclaimer / consent and the screening form must be completed, signed and dated by a parent or guardian.

Players Full Name:

Players NRIC / FIN / Passport No.:

Players Date of Birth:

CARDIAC QUESTIONNAIRE DISCLAIMER

You have been asked to fill out this medical questionnaire on your own behalf. This questionnaire has been devised to aid in the identification of young people who currently engage in competitive sport, but who could be at risk of suffering a serious cardiac event.

This is not a common occurrence. The number of events can however be reduced by careful evaluation of symptoms and family history. No screening system can guarantee 100% accuracy. If you answer "Yes" to any of these questions, you may be required to undertake further tests or be referred to a Physician for further investigation. **It is very important that you answer these questions honestly.**

You must however be aware that it is possible that as a result of this process you could potentially be disqualified from participation in your chosen sport. In identified situations an ECG may also be mandatory as part of this assessment and the signing of this consent document confirms your agreement to undertake this ECG.

I confirm that I have read and understood the above information, and that the information I have given is accurate to the best of my knowledge.

Players Signature

Date

***If the Player IS UNDER 21 YEARS OF AGE – A PARENT / GUARDIAN MUST Complete and sign the portion below.**

Name of Parent / Guardian

Relationship to Player

Signature of Parent / Guardian

Date

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Players Full Name:

Date:

YOUR PERSONAL HISTORY

Have you ever experienced any of the following?		Yes	No
1	Do you suffer from chest pain, chest heaviness or tightness during or following exercise?		
2	Do you feel more short of breath or tire more easily during exercise when compared with your team mates?		
3	Have you ever fainted or blacked out during or after exercise or had an unexplained fainting episode?		
4	Have you ever experienced dizzy turns during or after exercise?		
5	Do you have palpitations? (racing heart or unexpected fast or irregular heartbeat)		
6	Have you ever been told you have:	Yes	No
a.	A heart murmur?		
b.	A heart infection?		
c.	High blood pressure?		

YOUR FAMILY HISTORY (please confirm details with relatives where possible)

Have either of your parents, brothers or sisters suffered from:		Yes	No
7	Heart attack or sudden unexplained death aged 50 years or less?		
8	Heart rhythm problems requiring pacemaker or other treatment?		
9	Angina, heart pain under the age of 50 years?		
10	Any heart condition such as cardiomyopathy, long QT syndrome or been diagnosed with Marfan's syndrome?		

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This section must be fully completed and signed by a General Physician, Team Doctor or Sports Medicine Physician.

(Please provide full name as in NRIC / Passport)

Players Full Name	
Players NRIC / FIN / Passport	
Players Date of Birth	
Date of Examination	

MINIMUM PHYSICAL EXAMINATION				
1	Pulse rate and rhythm?			
2	Blood pressure?			
		No	Yes	If Yes, Pls Specify
3	Heart murmur?			
4	Femoral pulse delay?			
5	Marfanoid features? (see below)			

Marfanoid features:

- a) Musculo-skeletal - arm span > height, high arched palate, cavus feet, hypermobile, kyphoscoliosis.
- b) Optic - myopia, lens dislocation.

				Please Specify:
ECG INDICATED :	No		Yes	
ECG RESULTS :	Normal		Abnormal	
SCREENING RESULTS:	Cleared		Not Cleared	

(See overleaf for additional notes)

Name and MCR No.	Signature

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ADDITIONAL NOTES: (Please date, print name and sign any notes written.)

Name and MCR No.	
Date	Signature