

NOVANT HEALTH CARDIAC HISTORY QUESTIONNAIRE

(Circle YES or NO and explain where indicated)

Athlete Name: _____

Date: ____ / ____ / ____

High School: _____

Athletes who choose to have their annual Pre-participation Physical Exam performed outside of their school sponsored date must complete this form and have it signed-off by the attending physician completing their examination.

Rev. 4-30-18

1. Does anyone in your family have a known heart problem?	YES	NO
2. Has anyone in your family ever died unexpectedly at a young age (Ex. Unexpected drowning)?	YES	NO
3. Does anyone in your family or the student-athlete have a pacemaker or an implanted defibrillator?	YES	NO
4. Does anyone in your family or the student athlete have hypertrophic cardiomyopathy? (<i>abnormally thickened heart muscle</i>)	YES	NO
5. Does anyone in your family or the student athlete have Marfan's Syndrome? (<i>genetic disorder affecting the connective tissue in the body</i>)	YES	NO
6. Does anyone in your family or the student athlete have arrhythmogenic right ventricular cardiomyopathy (ARVC)? (<i>genetic defect of the parts composing the heart muscle</i>)	YES	NO
7. Does anyone in your family or the student athlete have Long QT Syndrome (LQTS) or Short QT Syndrome (SQTS)? (<i>fast chaotic heartbeats</i>)	YES	NO
8. Does anyone in your family or the student athlete have Wolff-Parkinson White Syndrome (WPW)? (<i>an extra electrical pathway in the heart causing rapid heartbeats</i>)	YES	NO
9. Does anyone in your family or the student athlete have Brugada Syndrome? (<i>genetic condition causing fainting due to malfunction of heart's electrical system</i>)	YES	NO
10. Does anyone in your family or the student athlete have catecholaminergic polymorphic ventricular tachycardia (CPVT)? (<i>abnormal heart rhythm causing a rapid & irregular heart rate in response to physical activity or emotional stress</i>)	YES	NO

If YES to any of the above – explain (use back side as needed): _____

**All statements and answers in the above cardiac medical history questionnaire are true and complete to the best of my knowledge. This form MUST be signed-off by the physician completing your sports physical examination.

Parent (print): _____

Date: ____ / ____ / ____

Parent Signature: _____

Student-Athlete Signature: _____

Physician (print): _____ Review Date: ____ / ____ / ____

Physician Signature: _____