



MERCY HEALTH

Student Heart Screening History Questionnaire

Student's Name _____ Birthdate _____

Height _____ Weight _____ Gender _____

1. Has it been more than two years since you had a physical exam that included a blood pressure reading and listening to your heart?	YES	NO
2. Have your parents or has a physician ever told you that you have a heart murmur?	YES	NO
3. Has a physician ever suggested that you not participate in athletic competition?	YES	NO
4. Have you had chest pain/pressure, dizziness or racing or "skipped beats" at rest or with exercise?	YES	NO
5. Have you ever fainted or passed out during exercise or after having been frightened or surprised?	YES	NO
6. Have you ever fainted or passed out after exercise?	YES	NO
7. Have you ever been told that you have high blood pressure, high cholesterol or diabetes? a. If yes, which one(s):	YES	NO
8. Have you ever been diagnosed with unexplained seizures or exercise-induced asthma?	YES	NO
9. Do you use or have you ever used cocaine, anabolic steroids, or other drugs?	YES	NO
10. Do you use tobacco products?	YES	NO
11. Do you drink energy drinks?	YES	NO
12. Has anyone in your family had sudden, unexpected death before age 45?	YES	NO
13. Has anyone in your immediate family had unexplained fainting or seizures?	YES	NO
14. Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart or Marfan syndrome?	YES	NO
15. What sport(s) do you plan on playing (if applicable)?		

If the answer to any of the above questions is yes, please give more details in the space below.

Answered by: _____

Student signature (date)

Parent/guardian signature (date)