

First name and surname: ..... ID / Date of Birth: .....  
Address: .....  
Sports, club: .....

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**Family history**

Has anyone in your family less than 50 years old:

- died suddenly / unexpectedly? YES NO
- been treated for recurrent fainting? YES NO
- had unexplained seizure problems? YES NO
- had unexplained drowning while swimming? YES NO
- had unexplained car accident? YES NO
- had heart transplantation? YES NO
- had pacemaker or defibrillator (ICD) implanted? YES NO
- been treated for irregular heart beat? YES NO
- had heart surgery? YES NO

Has anyone in your family experienced sudden infant death (cot death)? YES NO

Has anyone in your family been told they have Marfan syndrome? YES NO

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**Personal history**

Have you ever fainted or passed out when exercising? YES NO

Do you ever have chest tightness? YES NO

Does running ever cause chest tightness? YES NO

Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform in sports? YES NO

Have you ever been treated / hospitalized for asthma? YES NO

Have you ever had a seizure? YES NO

Have you ever been told that you have epilepsy? YES NO

Have you ever been told to give up sports because of health problems? YES NO

Have you ever been told you have high blood pressure? YES NO

Have you ever been told you have high cholesterol? YES NO

Do you have trouble breathing or do you cough during or after activity? YES NO

Have you ever been dizzy during or after exercise? YES NO

Have you ever had chest pain during or after exercise? YES NO

Do you have or have you ever had racing of your heart or skipped heartbeats? YES NO

Do you get tired more quickly than your friends do during exercise? YES NO

Have you ever been told you have a heart murmur? YES NO

Have you ever been told you have a heart arrhythmia? YES NO

Do you have any other history of heart problems? YES NO

Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? YES NO

Have you ever been told you had rheumatic fever? YES NO

Do you have any allergies? YES NO

Are you taking any medications at the present time? YES NO

Have you routinely taken any medication in the past two years? YES NO

  

Have you ever been told you have diabetes (high blood sugar)? YES NO

Have you been followed up by a medical specialist? YES NO

Have you ever had some serious injury? YES NO

Have you ever had concussion? Do you have post-concussion problems? YES NO

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I declare that I am not registered by general practitioner in Czech Republic and that the information I provided above is correct. (Sign here) .....