*Health and Safety Training*

## Cardiac Screening Registration

| Name: | | | Male: ☐ | Female: ☐ |
|---|---|---|---|---|
| Address | Town: | | State: | Zip: |
| Phone: | Email: | | | |
| Date of Birth: | Age: | Height: | Weight: | |
| Ethnicity: (Ethnicity is a factor in determining if your heart's electrical activity is normal.) | | | | |
| Caucasian: ☐ | African American: ☐ | | Hispanic/Latino: ☐ | |
| Asian: ☐ | American Indian/Alaskan Native: ☐ | | Pacific Islander: ☐ | |
| Caucasian: ☐ | Other: | | | |

## Consent to Perform Heart Screening

Consent confirms that you have read and agree to the terms of the Client Release Consent Form.

| Client Name: | |
|---|---|
| Parent/Guardian Name:<br>(if Client is under 18) | |
| Client Signature:<br>(or Parent/Guardian if under 18) | |
| Date: | |

## Pre-Payment Information

Pre-payment is required. Payment will not be accepted the day of screening.

| Method: | Online: ☐ | Check:☐ |
|---|---|---|
| Payer Name: | | |
| Email:<br>(If paid online) | | |

## Personal History

| | | | |
|---|---|---|---|
| 1 | Have you ever fainted or passed out when exercising? | Yes | No |
| 2 | Do you ever have chest tightness? | Yes | No |
| 3 | Does running ever cause chest tightness? | Yes | No |
| 4 | Have you ever had chest tightness, cough or wheezing which made it difficult for you to perform in sports? | Yes | No |
| 5 | Have you ever been treated/hospitalized for asthma? | Yes | No |
| 6 | Have you ever had a seizure? | Yes | No |
| 7 | Have you ever been told you have epilepsy? | Yes | No |
| 8 | Have you ever been told to give up sports because of health problems? | Yes | No |
| 9 | Have you ever been told you have high blood pressure? | Yes | No |
| 10 | Have you ever been told you have high cholesterol? | Yes | No |
| 11 | Do you have trouble breathing or do you cough during of after activity? | Yes | No |
| 12 | Have you ever been dizzy during of after exercise? | Yes | No |
| 13 | Have you ever had chest pain during or after exercise? | Yes | No |
| 14 | Do you have or have you ever had racing of your heart or skipped beats? | Yes | No |
| 15 | Do you get tired more quickly than your friends do during exercise? | Yes | No |
| 16 | Have you ever been told you have a heart murmur? | Yes | No |
| 17 | Have you ever been told you have a heart arrhythmia? | Yes | No |
| 18 | Do you have any other history or heart problems? | Yes | No |
| 19 | have you had a severe viral infection (i.e. myocarditis or mononucleosis) within the last month? | Yes | No |
| 20 | Have you ever been told you had rheumatic fever? | Yes | No |
| 21 | Are you taking any medications at the present time? | Yes | No |

| Medication | Dosage | Frequency | Medication | Dosage | Frequency |
|---|---|---|---|---|---|
| 1. | | | 4. | | |
| 2. | | | 5. | | |
| 3. | | | 6. | | |

| | | | |
|---|---|---|---|
| 22 | Have you routinely taken any medication in the past two years? | Yes | No |
| | If so, please list if different than above: | | |
| 23 | Do you have any allergies? | Yes | No |
| | If so, please list: | | |

## Family History

| Has anyone in your family less than 50 years old: | | | |
|---|---|---|---|
| 1 | Died suddenly and unexpectedly? | Yes | No |
| 2 | Been treated for recurrent fainting? | Yes | No |
| 3 | Had unexplained seizure problems? | Yes | No |
| 4 | Had unexplained drowning while swimming? | Yes | No |
| 5 | Had an unexplained car accident? | Yes | No |
| 6 | Had a heart transplantation? | Yes | No |
| 7 | Had a pacemaker or defibrillator implanted? | Yes | No |
| 8 | Been treated for irregular heart beat? | Yes | No |
| 9 | Had heart surgery? | Yes | No |
| 10 | Has anyone in your family experienced sudden infant death (cot death)? | Yes | No |
| 11 | Has anyone in your family been told they have Marfan syndrome? | Yes | No |