

Student Name: _____ Date of Birth: _____

Grade: _____ Date Completed: _____

HEART HEALTH QUESTIONS ABOUT THE STUDENT - TO BE COMPLETED BY THE STUDENT:

	YES	NO
Have you ever passed out or nearly passed out DURING or AFTER exercise, emotion or surprise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Does your heart ever race or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever told you that you have any heart problems? If so, check all that apply:		
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Heart infection	<input type="checkbox"/>	<input type="checkbox"/>
Kawasaki disease	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever ordered a test for your heart? (for example ECG / EKG, or echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>
Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an unexplained seizure or exercise induced asthma? (If yes, circle which one)	<input type="checkbox"/>	<input type="checkbox"/>
Do you get more tired or short of breath more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT THE STUDENT - TO BE COMPLETED BY THE PARENT:

	YES	NO
Has any family member or relative died of an unexpected or unexplained sudden death before age 50 (including drowned, unexplained car accident, or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member or relative died of heart problems? DESCRIBE BELOW.	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? Describe below.	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Bugada syndrome, or cathcholaminergic polymorphic ventricular tachycardia? Please circle any "yes" answer and specify relationship:	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain further about any YES answers in this space.