SPORTSmed EXAMINATION FORM

to be completed by athlete or parent-guardian prior to exmination

name					nationality and ID number			
adress					phone number / e-mail	date of birth		
actual sporting disciplines:	since	hours/week	trainings/week	clubs name	sporting disciplines in the past:	how long	when stopped	intensivity
drugs / therapeuticals taken:					dietary supplements, vitamines etc. taken:			

	YES, details:	**NO**		**YES**, details:	**NO**
HOSPITALIZATIONS			SPECIALIST CARE		
SURGERIES			VACCINATIONS		
CHRONIC CONDITIONS			INJURIES / TRAUMAS / SPORTS INJURIES		
HEART DISEASES / HEART PROBLEMS			FAINTINGS OR COLLAPSES		
CHEST PAIN, PRESSURE OR TIGHTNESS IN THE CHEST			EPILEPSY / CONVULSIVE SEIZURES		
HEART PALPITATIONS / ARRHYTHMIA			HEAD INJURY		
EXERCISE TOLERANCE DECREASE			DIZZINESS / VERTIGO		
DYSPNEA / COUGH DURING OR AFTER EXERCISE			HEADACHES		
ANY DISCOMFORT DURING OR AFTER EXERCISE			NEUROLOGIC OR PSYCHIATRIC DISEASES		
ARTERIAL HYPERTENSION			BACK / SPINE PAIN		
VARICOSE VEINS			MUSCLE, JOINT, TENDON OR BONE PAIN		
ASTHMA			MUSCLE CRAMPS		
DIABETES			MIDDLE EAR OR INNER EAR DISEASES		
ENDOCRINE AND METABOLIC DISEASES			WEARING GLASSES / CONTACT LENSES		
INFECTIOUS DISEASES			EYE DISEASE OR INJURY, NIHGT-BLINDNESS		
HIV, HCV, HERPES OR MRSA CARRIAGE			URINARY SYSTEM DISEASES OR URINATION DISORDERS		
RASH, SKIN PROBLEMS			BLOODY OR FOAMY URINE / BLOOD IN STOOL, MELENA		
BODY WEIGHT ALTERATION			ABDOMINAL PAIN/ RECURRENT DIARRHOEA / CONSTIPATIONS		
CONGENITAL OR GENETIC DISEASES			OTHER DISEASES AND CONDITIONS		
ALCOHOL INTAKE			SPECIAL DIETS OR ELIMINATION DIETS		
TOBACCO SMOKING	(how many, for how long)		VISITED OR LIVED IN TROPICAL COUNTRIES	(where, when, how long)	
PSYCHOACTIVE SUBSTANCES USE			TICK BITE		
DENIED OR RESTRICTED PARTICIPATION IN SPORTS	(when, why)		OTHER INFORMATIONS i.e. PREGNANCY		

HEALTH PROBLEMS IN PATIENTS FAMILY: sudden death ☐ heart problems ☐ cardiomyopathy ☐ heart attack ☐ arrhythmia ☐ collapses ☐ asthma ☐ hypertension ☐ genetic diseases ☐ cancer ☐

date signature