

Name: _____ RAM ID #: _____ Sport: _____
Last First Middle

Please answer the following questions truthfully to the best of your knowledge:

PERSONAL HISTORY

- | | | |
|--|------------------------------|-----------------------------|
| Exertional chest pain or discomfort | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained syncope, fainting, or near syncope | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Excessive exertional and unexplained dyspnea or fatigue associated with exercise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prior recognition of a heart murmur | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Elevated systemic blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prior restriction from participation in sports due to cardiovascular issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prior testing of the heart ordered by a medical professional | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Known personal history of Marfan Syndrome | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FAMILY HISTORY

- | | | |
|--|------------------------------|-----------------------------|
| Premature death prior to the age of 50 due to heart disease in one or more relatives | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability from heart disease in a close relative less than 50 years of age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specific knowledge of hypertrophic or dilated cardiomyopathy, long QT syndrome, other ion channelopathies, Marfan Syndrome, other clinically significant arrhythmias, or specific knowledge of genetic cardiac conditions in a family member | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby attest that I answered all questions honestly and to the best of my knowledge.

Signature

Date