



CARDIAC LIFE SCREEN™

Patient Information

Name (First/Last): _____ DOB: ____ - ____ - ____

Gender M F Social Security Number: ____ - ____ - ____

Emergency Contact Name: _____ Primary Phone Number: _____

Emergency Contact Phone: _____ Alternate Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Health History

- | | | |
|--|---|---|
| Have you ever passed out during or after exercise | Y | N |
| Have you ever been dizzy during or after exercise | Y | N |
| Have you ever had chest pain during or after exercise? | Y | N |
| Do you get tired more quickly than your friends do during exercise? | Y | N |
| Have you ever had racing of your heart or skipped heartbeats? | Y | N |
| Have you had high blood pressure or high cholesterol | Y | N |
| Have you ever been told you have a heart murmur? | Y | N |
| Has any family member or relative died of heart problems or of sudden death before age 50? | Y | N |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the past month? | Y | N |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | Y | N |
| Has any member of your family had Marfan's Syndrome? | Y | N |

Signature of Student _____ Date: ____ - ____ - ____

Signature of Parent/Guardian _____ Date: ____ - ____ - ____