

## ANAMNESTIC FORM FOR COMPETITIVE SPORT

SURNAME:..... NAME: .....

AGE      SEX:  MALE  FEMALE       IDENTITY CARD NUMBER:.....

BORN IN (Town).....(Nation) ..... ON ...../...../.....

RESIDENCE ADDRESS (Town).....(Street).....N. ....

TEL : ..... MOBILE : .....

Sports club: .....

Sports required:.....Years of sport activity.....

Have you ever done this kind of test? YES  NO  If yes where?.....in which year? .....

Have you ever had a bad judgment about a fitness certificate? YES  NO  Why? .....

Have you ever made any further investigations? YES  NO  Which one and when? .....

### ATHLETE SPORT HISTORY

Current sport activity..... for years .....

Sports played in the past..... for years .....

Number of training hours per week.....

	Have you ever feel?	at rest	under stress (during exercise)
Physical efforts:			
very remarkable <input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
remarkable <input type="checkbox"/>	Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
medium <input type="checkbox"/>	Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
light <input type="checkbox"/>	Fainting	<input type="checkbox"/>	<input type="checkbox"/>
	Great fatigue	<input type="checkbox"/>	<input type="checkbox"/>

### FAMILY CLINICAL HISTORY (Illnesses in first-degree relatives: parents, brothers, uncles, grandparents)

1. Heart disease  who?.....  
which ones?.....
2. There have been cases of sudden death at young age (<50) in your family?   
who? .....
3. High blood pressure?  who?.....
4. Stroke  who?.....
5. Diabetes  who?.....
6. High cholesterol  who?.....
7. Kidney disease  who?.....
8. Asthma  who?.....
9. Allergies  who?.....
10. Liver disease  who?.....
11. Other disease  who?.....
12. Diseases with a genetic inheritance? Specify who and which: .....

**ATHLETE'S MEDICAL HISTORY (past or present diseases)**

**Heart diseases**     Ischemic heart disease     valvular disease     hypertension  
 arrhythmias     other disease? .....

Lung disease     which ones?.....

Kidney disease     which ones?.....

Surgery     which ones?.....  
When?.....

Serious injury     which ones?.....  
When?.....

Traumatic brain injury     which ones?.....  
When?.....

Hospital admission     Why? .....  
When?.....

chickenpox     measles     mononucleosis     rubella     scarlet fever  
 otitis/sinusitis/quincy     mumps     whooping cough     dyslipidemia     diabetes  
 pneumonia     rheumatic fever

Allergies     which ones?.....

Other diseases     what? .....

Do you use drugs?     which ones?.....  
Dose of the drug .....

Do you smoke?     How many in a day? ..... How many years?.....

Do you drink alcohol?     what kind of alcohol?.....How many glasses in a day?.....

Do you drink coffee?     how many cups in a day? .....

Pregnancies     how many?..... menarche (age) ..... date of last menstrual period.....

I declare that I have properly informed the doctor about my psycho-physical condition and that the foregoing is true; I declare that I have not omitted anything about my diseases or previous or current impairments.

I state that I have never received a bad judgement about the sport practice in competitive sports in other health facilities.

I undertake not to use illegal substances, I declare to have been informed of the dangers of tobacco smoking and alcohol abuse.

I undertake to follow, fully respecting the prescription of the doctor. I am aware that failure to make therapeutic indications invalid certification of eligibility issued by the specialist.

Fully informed about the execution of the test I consent to undergo the examination provided by Presidential Decree 18/2/82 concerning the issue of the certificate of eligibility for competitive sport.

I am aware that in case of non eligibility judgement, a notice must be sent to the appropriate Friuli Venezia Giulia Health Bureau as well as to the sports club membership.

Date,.....

Signature of the athlete  
(or who is exercising parental authority)

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