

## 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.....

Physical efforts:	Have you ever feel?	at rest	under stress (during exercise)
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: .....



To undergo sports fitness assessments at Medicus, athletes must:

- Arrive 10 minutes prior to the scheduled appointment time
- **Wear sportswear** and be in optimal personal hygiene conditions
- Bring a **valid identification document** or a substitute document
- Bring the membership card or certificate of completed **vaccinations**
- Bring the **consent form for the exercise test** and the **privacy** form, filled out and signed
- Bring a completed and **signed medical history questionnaire** in its entirety  
(In case of a minor, it must be signed by a parent or legal guardian)
- Provide a sample of the first morning **urine** on an empty stomach
- Bring any **previous medical documentation**, especially of a cardiological nature

**N.B.** The exercise test is prohibited if the athlete has a fever or is injured

**If the athlete is unable to attend, please cancel the appointment at least 24 hours in advance**

**INFORMED CONSENT**  
FOR COMPETITIVE SPORTS FITNESS ASSESSMENTS

I, the undersigned \_\_\_\_\_  
Born \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_/  
(in case of a minor) parent/guardian of

\_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Declare that (my son/daughter) intends to undergo the assessment prescribed by Ministerial Decree 18/02/82

in order to certify eligibility to participate in competitive sports activities.

I am also informed that to complete the assessment (in addition to medical history, physical examination, spirometry, visual test, urine analysis):

1. A test involving climbing and descending a step of appropriate height based on height, age and sex for 90 times in three minutes will be performed (for athletes over 35 years old, the step test will be replaced by a submaximal exercise test on a cycle ergometer)
2. A complete ECG will be performed before, during, and after the aforementioned test (monitored continuously)
3. Blood pressure will be measured before and after the test (also during the cycle ergometer test)
4. Necessary precautions will be taken during the test to minimize inherent risks, and the test will be stopped upon explicit request of the individuals
5. The aforementioned test, like any other exercise test, carries potential risks, including possible discomfort (malaise, leg cramps, chest pain), and in extremely rare cases 82-3 per 100.000), sudden death.

Pasian di Prato, the \_\_\_\_\_

Signature (parent's signature for minors)

Physician's Signature

\_\_\_\_\_

\_\_\_\_\_