

ANAMNESTIC FORM FOR COMPETITIVE SPORT

SURNAME:			NAME:		
AGE SEX: \square	MALE FEMA	LE 🗆	IDENTITY CARD NUMBER:		
BORN IN (Town)			(Nation)		ON/
RESIDENCE ADDRESS	S (Town)		(Street)		N
Sports club:					
Sports required:				Yea	rs of sport activity
Have you ever done t	this kind of test?	YES □	NO ☐ If yes where?	in whi	ch year?
Have you ever had a	bad judgment al	out a fit	ness certificate? YES 🗆	NO □ Why?	
Have you ever made	any further inves	stigations	s? YES 🗆 NO 🗆 Which o	one and when?	
ATHLETE SPORT	HISTORY				
Current sport activi	ty			for years	
Number of training Physical efforts:	hours per wee	k l	Have you ever feel?		under stress
rnysical enorts.			nave you ever reer	acresc	(during exercise)
very remarkable			Shortness of breath		
remarkable			Palpitations		
medium			Chest pain		
light			Fainting		
			Great fatigue		
FAMILY CLINICA	L HISTORY (1	Ilnesse	s in first-degree relatives	s: parents, broth	ers, uncles, grandparents
1. Heart disease		who?	?		
		whic	h ones?		
			th at young age (<50) in		
3. High blood press					
			?		
5. Diabetes					
6. High cholesterol					
7. Kidney disease					
8. Asthma					
9. Allergies					
10.Liver disease					
11.Other disease					
12.Diseases with a	genetic inherita	ance? S	pecify who and which:		



PASIAN DI PRATO (UD)

Via Cotonificio 92 33037 Pasian di Prato (UD)



ATHLETE'S MEDICAL HISTORY (past or present diseases)

Heart diseases	\square Ischemic heart disease		\square valvular disease		☐ hypertension	
	□ arrhythmias		□ other dise	ease?		
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?					
\square chickenpox	\square measles	☐ mononu	ucleosis	□ rubella		□ scarlet fever
☐ otitis/sinusitis/quincy	r□ mumps	□ whoopi	ng cough	☐ dyslipidemia	ì	□ diabetes
□ pneumonia	☐ rheumatic fever					
Allergies	☐ which ones?					
Other diseases	□ what?					
Do you use drugs?	☐ which ones?					
bo you use drugs.	Dose of the drug					
Do you smoke?	☐ How many in a					
Do you drink alcohol?	☐ what kind of ald	=				
Do you drink diconor: Do you drink coffee?					103303 11	ra day:
Pregnancies	☐ how many cups in a day? date of last menstrual period					
regnancies	_ now many	menaren	c (ugc)	date of last if	ici isti ut	ii periodi
I declare that I have the foregoing is true current impairments I state that I have r in other health facil	e; I declare that I l s. never received a ba	have not or	nitted anythi	ng about my di	seases	or previous or
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,	<u>.</u>			nature of the s exercising pa		





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	f		
Born	on		/
Declare that (my son/daughter) intende	s to under	go the	e assessment prescribed by Ministerial Decree

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

I am also informed that to complete the assessment (in addiction 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 testo to minimize inherent risks, and the tes 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



