

Date:

Name:

Date of birth:

Do you agree that your general practitioner receives a report of this screening (if applicable)?

Yes / No

Sport(s): frequency:..... / week, duration:.....hours.
 frequency:..... / week, duration:.....hours.
 frequency:..... / week, duration:.....hours.

Work / education:

(Old) sports injuries:.....

Other medical history:

Smoking: Yes / No, if so: average of per day

Alcohol: Yes / No, if so: average of per day

Medication (actual):.....

Medication (last 2 years):.....

Nutritional supplements:

Allergies:.....

General questions

Have you ever been seriously or chronically sick / ill?..... Yes / No

Have you ever been treated by a medical specialist / psychologist? Yes / No

Did you ever have surgery? Yes / No

Did you ever have an accident? Yes / No

Did you ever feel unhealthy or less fit? Yes / No

Have you ever had overtraining syndrome? Yes / No

Do you have sleeping problems?..... Yes / No

Do you have a special diet? (for example vegetarian)? Yes / No

Do you have intolerances to certain foods?..... Yes / No

Are you satisfied with your weight? Yes / No

Have you ever lost or gained a lot of weight? Yes / No

Have you ever had eating problems, now or in the past? Yes / No

Did / do you suffer from stomach ache / sour burn? Yes / No

Did / do you suffer from diarrhoea / problems with your stool? Yes / No

Did you suffer from skin diseases? Yes / No

Did / do you suffer from frequent headaches? Yes / No

Did / do you suffer from visual problems? Yes / No

Did / do you suffer from deafness / loss of hearing? Yes / No

Have you ever had a (stress / fatigue) fracture? Yes / No

Do you use braces, orthotics or tape during exercise? Yes / No

Have you been treated by a physiotherapist in the last year? Yes / No

For women

Do you have irregular periods?..... Yes / No

Did you ever had no menstrual period after age of 15? Yes / No

Was your first menstrual period after age of 15? Yes / No

Do you use birth control pills? Yes / No

Cardiovascular screening

Did you ever lose consciousness during or immediately after exercise? Yes / No
Did you ever have chest tightness, shortness of breath or excessive coughing during or after
exercises, in such a way that this effort was made difficult? Yes / No
Have you ever been treated for asthma? Yes / No
Did you or do you suffer from epilepsy? Yes / No
Did you ever get the advice to stop sports because of a heart disease? Yes / No
Did you or do you suffer from high blood pressure? Yes / No
Did you or do you suffer from high cholesterol? Yes / No
Have you ever have palpitations while resting or during exercise? Yes / No
Do you notice sometimes extreme fatigue that does not fit your regular exercise level? Yes / No
Did you or do you suffer from a heart murmur? Yes / No
Did you or do you suffer from arrhythmia? Yes / No
Did you or do you suffer from other heart problems? Yes / No
Have you recently been diagnosed with a serious (viral) infection? Yes / No
Have you ever had acute rheumatic fever? Yes / No

Family history

Has anyone in your family*

died suddenly and unexpectedly? Yes / No
been treated for recurrent fainting? Yes / No
had unexplained seizure problems? Yes / No
had unexplained drowning while swimming? Yes / No
had unexplained car accident? Yes / No
been diagnosed with cardiomyopathy? Yes / No
had a heart attack or angina? Yes / No
had angioplasty or heart surgery? Yes / No
had a heart transplantation? Yes / No
had pacemaker or defibrillator implanted? Yes / No
been treated for irregular heart beat? Yes / No
has anyone in your family experienced sudden infant death (SIDS)? Yes / No
has anyone in your family been told they have Marfan syndrome? Yes / No

* among family are close family, but it also includes nephews, nieces and second cousins

Date:-.....-.....

Name: Signature:

Please do NOT fill in the information below

Length:cm	Weight:kg	BMI:kg / m ²
Sum of skin folds:mm	Fat percentage:%	
Vision right (VOD):	left (VOS):	Both (VODS):
Lung function FVC:L (.....%pred)	FEV1: L (.....%pred)	Tiff:%
Blood pressure:mmHg	Urine:	Hb: mmol / L
Shuttle run: trap		