MEDICUS RIEDUCARE AL MOVIMENTO
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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	·	Shortness of breath	·	·
remarkable	·	Palpitations	·	·
medium	·	Chest pain	·	·
light	·	Fainting	·	·
		Great fatigue	·	·

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 · chi?.....
7. Kidney disease · chi?.....
8. Asthma · chi?.....
9. Allergies · chi?.....
10. Liver disease · chi?.....
11. Other disease · chi?.....
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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