Centro di medicina

ANAMNESTIC QUESTIONNAIRE

DETAILS OF THE ATHLETE (The questionnaire is strictly personal and must be completed by the Athlete if of age, by the parent with the Athlete's data if a minor. The NO or YES check box must always be crossed).

Surname: _____ Name: _____Age: _____

SEX: M F Ulss:_____ Identity card:_____ N°:_____

Born on: _____ birth place: _____

Resident in: _____ address: _____

Domicile in: _____ address: _____

Tel: _____ Mail: _____

Sport for which the visit is requested:_____Club: _____

¨ AGONISTIC ¨ NON AGONISTIC

FAMILY HISTORY (check the boxes and enter the relationship with family member where appropriate):

Arterial hypertension	NO	YES	Who
Myocardial infarction and/or coronary artery disease	NO	YES	Who
Arrhythmias	NO	YES	Who
Valvular heart disease	NO	YES	Who
Acute ischemic stroke	NO	YES	Who
Diabetes	NO	YES	Who
Hypercholesterolemia	NO	YES	Who
Sudden death	NO	YES	Who
Genetic disorders	NO	YES	Who
Allergies	NO	YES	Who
Tumours	NO	YES	Who
More	NO	YES	Who

ATHLETE'S MEDICAL HISTORY:

Covid vaccination: 1st dose given _____ 2nd dose given_____ 3°rd dose given_____

Positivity at Covid: NO YES Positive buffer date _____ Date of first negative buffer _____

Does He regularly play more sports? NO YES what _____

Is He training regularly? NO YES How many hours a week _____

Last tetanus vaccine (date):

Profession:

Smoker	NO	YES	How many cigarettes per day?	How many years?
Coffee drinker	NO	YES	How many a day?	
Drinking habits	NO	YES	Daily quantity?	
Childhood diseases	NO	YES	Specify which one?	
Arrhythmias and congenital heart disease	NO	YES		

Valvular heart disease NO YES

Myocardial infarction and/or coronary artery disease NO YES

Hypercholesterolemia NO YES

Diabetes NO YES

Asthma NO YES

Allergies NO YES Which one?

Arterial hypotension/hypertension NO YES If so, which one?

Hypothyroidism/Hyperthyroidism NO YES If so, which one?

Epilepsy NO YES

Traumatic brain injury NO YES When?

Flat foot NO YES Insoles?

Orthopedic shoes? NO YES

Scoliosis NO YES Use of corrective busts? Corrective gymnastics?

Spinal disc herniation and/or protrusion NO YES Use of corrective bust? Corrective gymnastics?

Other diseases NO YES Which?

Are you currently on any medication? NO YES Which one? Dose: Disease?

He is undergoing medical and / or physiotherapy treatments? NO YES what
For what reason? _____

CARDIAC HYSTORY:

Any syncope ("faint", "collapse") at rest, during or immediately after a physical EXERCISE/EFFORT exertion? NO YES

Any palpitations? NO YES

Any shortness of breath with exertion? NO YES

Any chest pain? NO YES

Any episode of sudden heart rate acceleration with sudden return to normal? NO YES

Past injuries NO YES Which and when?

Past surgeries and/or hospitalizations NO YES Which and when?

Do you use glasses? NO YES For which refractive error?

Past eye trauma? NO YES

Past examinations for doctor sports medical certificates? NO YES If so, where was the last one? When (year)?

Have you ever been declared "INELIGIBLE"? NO YES If so, why?

Have you ever been asked for additional investigations? NO YES If so, when and why?

WOMEN ONLY:

menstrual cycle age of first menstruation_____ ¨ regular cycle ¨ irregular cycle

last menstruation date _____ menopause ¨ YES ¨ NO past pregnancies; if so, how many? _____

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I, the undersigned, declare that I have correctly informed the doctor of my psychophysical conditions, that the above is true and that I have not omitted anything about previous or current illnesses or impairments. I also declare that I have not received any other opinion of "NOT SUITABILITY" to practice sports. I undertake not to use substances recognized as illegal and acknowledge that I have been informed of the dangers of tobacco smoke and alcohol abuse. (Circ. Reg. Veneto n°23694 del 20/06/1986).

I hereby: ¨ I AGREE ¨ I DO NOT AGREE

pursuant to the current privacy law, to process my personal and sensitive data for the purposes related to my request for suitability for competitive / non-competitive sports, according to the methods and procedures provided for by the laws on the health protection of the activities sports.

I hereby: • I AGREE • I DO NOT AGREE

The Centro di Medicina, in case of certified detention, to notify the sports club to which it belongs.

TO BE COMPLETED IN THE EVENT OF A MINOR ATHLETE OR A PERSON SUBJECT TO PROTECTION:

I, the undersigned …… born in …… on …….

Resident in …… address……
n°…….

1. in the capacity of exercising authority over the minor ……
2. as the Athlete's guardian ……

Evaluate the information received and the clarifications that have been provided to me, having understood what is briefly reported above:

¨ I agreee ¨ I do not agree to carry out the medical examination.

I also express my consent to the delivery of the suitability or non-suitability judgment to the Sports Club and to the "Regional Health Department".

- **I DELEGATE** Mrs / Mrs _____ to be present in my stead for the medical examination that my son / daughter will undergo in order to ascertain his / her suitability for competitive sports. (Attach a photocopy of a valid identity document certifying parental authority)

Date _____ Signature of the Athlete (or of the parent if a minor) _____

Signature of the Sports Doctor _____

If the Athlete is ELIGIBLE, only the sports medical certificate will be delivered, not the results of the examinations performed during the visit, examinations performed for the sole purpose of evaluating the issue of the certificate and cannot be spent on another visit. All the original documentation required by the visit (spirometry, ECG, Stress test, certificate ...) is part of a Medical Record, the conservation of which is the responsibility of the Centro di Medicina and the Sports Doctor. As for any additional examinations required (echocardiac, holter ...) copies will be kept in the medical record, while the originals of these tests will be delivered to the athlete. If the patient needs to have the reports, he can always request a copy of the medical record at a cost of € 16,10.