

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**The Pediatric Center**  
**556 Central Avenue, New Providence, NJ 07974**  
**Phone: 908-508-0400 / Fax: 908-508-0370**

# Pediatric Sport Health Assessment Form

Patient History Questions:		Yes	No
Has your child fainted or passed out <b>DURING</b> exercise, emotion, or startle?			
Has your child fainted or passed out <b>AFTER</b> exercise?			
Has your child had extreme fatigue associated with exercise (different from other children)?			
Has your child ever had extreme shortness of breath during exercise?			
Has your child ever had discomfort, pain, or pressure in his/her chest during exercise?			
Has a doctor ever told you that you child has: high blood pressure <input type="checkbox"/> high cholesterol <input type="checkbox"/> a heart murmur <input type="checkbox"/> or a heart infection <input type="checkbox"/> ? (Check which one, if any "yes" answer.)			
Has a doctor ever ordered a test for your child's heart?			
Has your child ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?			
Family History Questions:			
Are there any family members who had a sudden, unexpected, unexplained death before age 50? (including SIDs, car accident, drowning, others)			
Are there any family members who died suddenly of "heart problems" before age 50?			
Are there any family members who have had unexplained fainting or seizures?			
Are there any relatives with certain conditions such as:			
Hypertrophic cardiomyopathy (HCM)			
Dilated cardiomyopathy (DCM)			
Aortic rupture or Marfan syndrome			
Coronary artery atherosclerotic disease (Heart attack, age 50 or younger)			
Arrhythmogenic right ventricular cardiomyopathy (ARVC)			
Long QT syndrome			
Short QT syndrome			
Brugada syndrome			
Catecholaminergic ventricular tachycardia			
Primary pulmonary hypertension			
Pacemaker or implanted cardiac defibrillator			
Congenital deafness (deaf at birth)			
Please explain more about any "yes" answers here:			

- ☐ Cleared  
☐ Not Cleared - Referred to Cardiology  
☐ Cleared by Cardiology on \_\_\_\_\_  
(date)