Patient Name: Date:				-
Sports & Cardiac Risk Factor Cleara	NCE			
Please fill this out for all patients over 10 years old, at annual check ups, spo and all patients at initial behavior evaluations.	rts phys	sical, o	camp p	hysical,
<u>Personal History</u> : Have YOU, the patient, ever had any of [*Please explain any "yes" responses at the end]	f the 1	follo	wing	:
<ol> <li>Fainting, dizziness, passing out, or blacking out during or after exercise?</li> <li>Chest pain, tightness or pressure with exercise?</li> <li>Heart racing, funny heart beats or irregular heartbeats during exercise?</li> <li>Any heart problems diagnosed by a doctor?</li> <li>Any tests ordered by a doctor for your heart, e.g. ECG, Cardiac Echo</li> <li>Lightheaded or Short of breath more than your friends during exercise?</li> <li>Seizures?</li> <li>Hospitalized for COVID or MIS-C?</li> </ol>	2. 3. 4. 5. 6. 7.	YES YES YES YES YES YES YES YES YES	NO NO NO	
<u>FAMILY HISTORY</u> : Has anyone in your FAMILY had any of the Please explain any "yes" responses at the end. Include the relationship of any affect age at the time of the cardiac event/diagnosis			_	nd their
<ol> <li>Heart attack or sudden, unexplained death in someone young (under 35 years of 10. An implanted pacemaker or defibrillator?</li> <li>Event needing resuscitation in young members (under 35 years old)?</li> <li>Abnormal heart rhythm or Wolf-Parkinson-White?</li> <li>Genetic heart problem such as Hypertrophic Cardiomyopathy (HCM), an enlarg heart, Marfans syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC) Long QT Syndrome (LQTS), short-QT Syndrome (SQTS), Brugada Syndrome, or catecholameinergic polymorphic ventricular tachycardia?</li> </ol>	10 11 12 ed ),	YES . YES . YES . YES	NO NO NO	
EXPLAIN ANY "YES"				