



Echoes for Athletes History Questionnaire

- 1) Have you ever had chest tightness/pain at rest or with exercise? (Yes or No)

- 2) Do you have history of seizures or epilepsy? (Yes or No)

- 3) Do you have history of HTN or high cholesterol? (Yes or No)

- 4) Have you ever had dizziness or fainting episodes at rest or with exercise? (Yes or No)

- 5) Do you have irregular heartbeats, heart racing or skipped beats? (Yes or No)

- 6) Do you have family history of heart disease or sudden cardiac death? (Yes or No)

- 7) Have you ever been told you have a murmur? (Yes or No)

- 8) Have you ever been told you have a severe viral infection or rheumatic fever? (Yes or No)

Completed By: _____

Date: _____