Please circle Yes or No as the questions relate to you.

Be sure to ask the screening staff or volunteers if you have any questions or concerns about answering them.

Name: ____________________________________________

➢ Have you ever experienced chest pain or discomfort with exercise?  YES  NO
➢ Have you ever passed out or nearly passed out?  YES  NO
➢ Have you ever had excessive shortness of breath or fatigue with exercise?  YES  NO
➢ Have you been told you have a heart murmur?  YES  NO
➢ Have you had high blood pressure?  YES  NO
➢ Does anyone in your family have genetic or heart arrhythmia problems?  YES  NO
➢ Has anyone in your family under the age of 50 died suddenly or unexpectedly from heart disease?  YES  NO
➢ Has anyone in your family under the age of 50 been disabled from heart disease?  YES  NO
➢ Have you had a prior restriction from participation in sports for heart issues?  YES  NO
➢ Have you had a physician order a heart test for you?  YES  NO

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