AUTONOME PROVINZ BOZEN – SÜDTIROL | PROVINCIA AUTONOMA DI BOLZANO – ALTO ADIGE
PROVINZIA AUTONOMA DE BULSAN – SUDTIROL
Südtiroler Sanitätsbetrieb | Azienda Sanitaria dell'Alto Adige
Azienda Sanitera de Sudtirol

GESUNDHEITSBEZIRK BRUNECK
Territorium
Dienst für Sportmedizin

COMPRENSORIO SANITARIO DI BRUNICO
Territorio
Servizio di medicina dello sport

COMPETITIVE SPORT PHYSICAL FITNESS EXAM

Please indicate the sport for which the physical fitness exam is requestet. _____

The following section of the medical record must be competed by the athlete.

Name	**First name**
Date of birth	**place of birth**
Adress:(street name, zip code, city):	
Profession:	**phone:**

Do/did you experience any physical problems while practicing your sport? (If yes, please specifiy) ☐ yes ☐ no

_____

How many hours per week do you spend training? _____

Do you do any other sports? (If yes, please indicate which sport (s) and how many hours.

_____

FAMILY MEDICAL HISTORY

Have anyone in your family (parents, siblings, grandparents) had (have) a history of heart disease before the age of 50?

Myocardial infarction _____ ☐ yes ☐ no

Sudden death _____ ☐ yes ☐ no

Other _____ ☐ yes ☐ no

PERSONAL MEDICAL HISTORY

Have you ever been admitted to a hospital/clinic? Have you had any surgical operations, major traumatic injuries or accidents? (If yes, please explain). ☐ yes ☐ no

_____

Have you had any illnesses or medical problems of the following organs/systems? (which organ/when?)

_____

HEAD / NERVOUS SYSTEM
Head traumas (including cerebral commotions), dizziness, balance problems, migraines, chronic headaches, loss of consciousness, convulsions, other problems? ☐ yes, presently ☐ no ☐ in the past

PSYCHIATRIC PROBLEMS
Anxietly, claustrophobia, panic attacks, depressions, other problems? ☐ yes, presently ☐ no ☐ in the past

EYS
Do you have any visual problems? Glasses ☐ yes ☐ no
Contact lenses ☐ yes ☐ no

NOSE / PARANASAL SINUSES
Have fever, frequent nose bleeds, sinusitis, other? ☐ yes, presently ☐ no ☐ in the past

EYRS
Otitis tympanic perforation, humming, balance problems, loss of hearing? ☐ yes, presently ☐ no ☐ in the past

►►►►

Dienst für Sportmedizin
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Firmenbezeichnung: Sanitätsbetrieb der Autonomen Provinz Bozen
St.-Nr./MwSt.-Nr. 00773750211

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Ragione soc.: Azienda Sanitaria della Provincia Autonoma di Bolzano
Cod. fisc./P. IVA 00773750211

RESPIRATORY SYSTEMS
Tuberculosis, pneumonia, asthma, chronic bronchitis, light exercise or cold air induced dyspnea, other?
☐ yes, presently ☐ no ☐ in the past

CARCIOCIRCULATORY SYSTEM
Congenital carciac anomalies, myocarditis, angina pectoris, chest pain, arrhythmias, arterial hypertension, phlebitis, peripheral artery disease, other?
☐ yes, presently ☐ no ☐ in the past

GASTROINTESTINAL SYSTEM
Dyspepsia, reflux and heartburn, gastric ulcers, duodenal ulcers, colics, inguinal hernias, others?
☐ yes, presently ☐ no ☐ in the past

UROGENITAL SYSTEM
Nephritis, pyelitis, cystitis, kidney stones, other?
☐ yes, presently ☐ no ☐ in the past

SKIN, MUSCULOSKELETAL SYSTEM
Articular rheumatism, low back pain, sciatica, herniated disc, dislocations, fractures, other?
☐ yes, presently ☐ no ☐ in the past

ME**TABOLISM**
Hypo or hyperthyroidism, gout, diabetes mellitus, hypercholesterolemia, other dyslipidemias, anemias, other?
☐ yes, presently ☐ no ☐ in the past

RESERVED OR FEMALE ATHLETES ONLY:

Are you pregnant? ☐ yes ☐ no

Menstrual cycle anomalies? ☐ yes ☐ no

Presently menstruating? ☐ yes ☐ no

Have (did) you experienced any unexplained fevers in the past few month? (If yes, when?) ☐ yes ☐ no
_____

Have (do/did) you had (have) any other illnesses not listet in this questionnaire? (If yes, please specify.) ☐ yes ☐ no
_____

Do you consume alcohol? (If yes, please indicate quantity?) _____

Do you smoke? (If yes, what and how much?) _____

Please list all your current prescribed medications (if any): _____

In the past have you ever been found UNFIT to practice any sport? ☐ yes ☐ no

IF YOU HAVE ANY QUESTIONS, PEASE CONTACT THE PHYSICAN!

date: _____ signature: _____
(parents signature required if a minor)