Farmingdale State College
State University of New York

Cardiac Athletic Questionnaire

Name: _____ **RAM ID #: R** _____ -_____ -_____
Last First Middle

Please answer the following questions truthfully to the best of your knowledge:

PERSONAL HISTORY

Exertional chest pain or discomfort	☐ **Yes**	☐ **No**
Unexplained syncope, fainting, or near syncope	☐ **Yes**	☐ **No**
Excessive exertional and unexplained dyspnea or fatigue associated with exercise	☐ **Yes**	☐ **No**
Prior recognition of a hear murmur	☐ **Yes**	☐ **No**
Elevated systemic blood pressure	☐ **Yes**	☐ **No**
Prior restriction from participation in sports due to cardiovascular issues	☐ **Yes**	☐ **No**
Prior testing of the heart ordered by a medical professional	☐ **Yes**	☐ **No**
Known personal history of Marfan Syndrome	☐ **Yes**	☐ **No**

FAMILY HISTORY

Premature death prior to the age of 50 due to heart disease in one or more relatives	☐ **Yes**	☐ **No**
Disability from heart disease in a close relative less than 50 years of age	☐ **Yes**	☐ **No**
Specific knowledge of hyertrophic or dilated cardiomyopathy, long QT syndrome, other ion channelopathies, Marfan Syndrome, other clinically significant arrhythmias, or specific knowledge of genetic cardiac conditions in a family member	☐ **Yes**	☐ **No**

I hereby attest that I answered all questions honestly and to the best of my knowledge.

_____

Signature

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