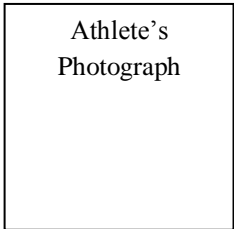


**Royal College Doctors' Association**  
**Medical Fitness Evaluation for Royal Sportsmen**



**History Form** { To be filled by sports personnel (> 16 years) or by the parent (< 16 years). }

**Personal Information**

Name ..... Age :.....yrs Class .....  
Parent's /Guardian's Name : ..... Tel No:.....  
Sport/ Sports:.....

**General Questions:**

Have you ever been restrained from participation to any sports? Yes/No  
Have you ever diagnosed with any of the following medical conditions? Yes/No  
Have you ever had a surgery? Yes/No  
Do you have any allergies? Yes/No

**Heart related Questions:**

Have you ever had chest pain during exercise? Yes/No  
Have you ever had irregular heart beat? Yes/No  
Do you get light headed or short of breath easily during exercise? Yes/No  
Has a doctor ever ordered a test for your heart? (Eg : ECG, echo) Yes/No  
Has a doctor ever told you that you have any of the following heart problems?  
 High blood pressure Yes/No  A heart murmur Yes/No  
 High cholesterol Yes/No  A heart infection Yes/No  
 Kawasaki disease Yes/No

**Family related Questions:**

Have any of your family members/ relatives died due to a heart problem/ without an obvious cause before the age 50 yrs? Yes/No  
Does anyone in your family diagnosed with any cardiac problems or have a regular follow-up in a cardiology unit? Yes/No

**Lung related questions:**

Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes/No  
Have you ever used an inhaler or taken asthma medicine? Yes/No  
Is there anyone in your family who has asthma? Yes/No  
Are you being followed up in a chest clinic for any lung condition? Yes/No

**Nervous system related questions?**

Have you ever had a head injury or loss of consciousness? Yes/No  
Have you ever had fits? Yes/No  
Have you ever had weakness or numbness of the body? Yes/No  
Are you suffering from an unending headache? Yes/No

**Bone & joint related questions?**

Do you get frequent muscle cramps when exercising? Yes/No  
Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? Yes/No  
Have you ever had any broken or fractured bones or dislocated joints? Yes/No  
Have you ever had an injury that required x-rays, MRI, CT scan, injections, a brace, a cast, or crutches? Yes/No  
Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? Yes/No  
Do you have any history of juvenile arthritis or connective tissue disease? Yes/No

