

# POST VIRAL PRE-PARTICIPATION QUESTIONNAIRE

Please complete this form. For athletes aged under 18 years, a parent/guardian should complete this form on their behalf.

Name:

DOB:

Club/team contact details:

Contact telephone number:

Are you on any regular medications? Yes:  No:

If Yes, please provide details:

Have you EVER suffered with?

Heart-related problems? Yes:  No:

If Yes, please provide details:

Asthma or lung problems? Yes:  No:

If Yes, please provide details:

Problems with blood clotting? Yes:  No:

If Yes, please provide details:

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During or since having your recent illness or infection, have you had any of the following, either at rest or related to exercise?

Dizziness?:

Yes:  No:

If Yes - was this related to exercise? Yes:  No:

Please provide details:

Have you suffered from a sharp pain when breathing in?

Yes:  No:

If Yes - was this related to exercise? Yes:  No:

Please provide details:

Chest pain and/or tightness of your chest?:

Yes:  No:

If Yes - was this related to exercise? Yes:  No:

Please provide details:

Do you have difficulty breathing?

Yes:  No:

If Yes - was this related to exercise? Yes:  No:

Please provide details:

Palpitations (feeling an irregular or unexpected quickening of your heart rate)?:

Yes:  No:

If Yes - was this related to exercise? Yes:  No:

Please provide details:

Have you had a fever in the past 36 hours?

Yes:  No:

If Yes - was this related to exercise? Yes:  No:

Please provide details:

If you have answered yes to one or more of the above questions, please raise this with your team physician or medical representative.

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**The above details are correct to the best of my knowledge.**

Name:

Signature:

Date: