

LIFESAVING SOUTH AFRICA'S HEALTH QUESTIONNAIRE



To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in Lifesaving Sport. A positive response to a question does not necessarily disqualify you. A positive response means that there is a preexisting condition that may affect your safety while participating and you may need to seek the advice of your physician prior to engaging in these activities.

The information disclosed in this document is strictly confidential and will be released only to medical professionals upon request from you or as required in a medical emergency.

Any changes, distribution or duplication of this document is strictly prohibited

Name : _____
 Surname : _____
 ID Number : _____
 Club : _____
 Address : _____
 Phone Number : _____
 E-mail : _____
 Medical Aid and Number : _____

Personal history

- | | Yes | No |
|---|-----------------------|-----------------------|
| 1. Have you ever fainted or passed out when exercising? | <input type="radio"/> | <input type="radio"/> |
| 2. Do you ever have chest tightness? | <input type="radio"/> | <input type="radio"/> |
| 3. Does running or walking for long periods ever cause chest tightness? | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform sport? | <input type="radio"/> | <input type="radio"/> |
| 5. Have you ever been treated/hospitalized for asthma? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever had a seizure? | <input type="radio"/> | <input type="radio"/> |
| 7. Have you ever been told that you have epilepsy? | <input type="radio"/> | <input type="radio"/> |
| 8. Have you ever been told to give up sports because of health problems? | <input type="radio"/> | <input type="radio"/> |
| 9. Have you ever been told you have high blood pressure? | <input type="radio"/> | <input type="radio"/> |
| 10. Have you ever been told you have high cholesterol? | <input type="radio"/> | <input type="radio"/> |
| 11. Do you have trouble breathing or do you cough during activity? | <input type="radio"/> | <input type="radio"/> |
| 12. Have you ever been dizzy during or after exercise? | <input type="radio"/> | <input type="radio"/> |
| 13. Have you ever had chest pain during or after exercise? | <input type="radio"/> | <input type="radio"/> |

14. Do you have or have you ever had racing of your heart or skipped heartbeats?
15. Do you get tired more quickly than your friends do during exercise?
16. Have you ever been told you have a heart murmur?
17. Have you ever been told you have a heart arrhythmia(heart rhythm disorder)?
18. Do you have any other history of heart problems?
19. Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?
20. Have you ever been told you had rheumatic fever?
21. Do you have any allergies?
- If Yes please list _____
22. Are you taking any medications at this present time?
- If Yes please list _____
23. Have you routinely taken any medication in the past two years?
- If Yes please list _____

Family History

- | | Yes | No |
|--|-----------------------|-----------------------|
| Has anyone in your immediate family less than 50 years old: | | |
| 24. Died suddenly and unexpectedly? | <input type="radio"/> | <input type="radio"/> |
| 25. Been treated for recurrent fainting? | <input type="radio"/> | <input type="radio"/> |
| 26. Had unexplained seizure problems? | <input type="radio"/> | <input type="radio"/> |
| 27. Had unexplained drowning while swimming? | <input type="radio"/> | <input type="radio"/> |
| 28. Had unexplained car accident? | <input type="radio"/> | <input type="radio"/> |
| 29. Had heart transplantation? | <input type="radio"/> | <input type="radio"/> |
| 30. Had pacemaker or defibrillator implanted? | <input type="radio"/> | <input type="radio"/> |
| 31. Been treated for irregular heart beat? | <input type="radio"/> | <input type="radio"/> |
| 32. Had heart surgery? | <input type="radio"/> | <input type="radio"/> |

I certify that all information given is true and exact and I accept the responsibility of maintaining my health to enable my participation in Lifesaving Sport.

_____	_____	_____
Participant Signature	Parent Signature (if under 18)	Date

NB : If you have answered yes to any of the above questions a clearance letter is required from your medical doctor stating that you can participate in lifesaving sport or duties and that LSA does not assume any medical liability for non-disclosure or responsibility to ensure that someone is medical fit for competition, training or duty.