**MEDICAL QUESTIONAIRE**

The following medical questionnaire is mandatory for all participants seeking to compete in a competitive environment. All information will be private and confidential, in compliance with the Privacy Act.

|  |  |  |
| --- | --- | --- |
| **Personal History** | **Yes** | **No** |
| 1. Have you experienced any of the following within the last 6 months: |  |  |
| A diagnosis of/ treatment for heart disease or stroke |  |  |
| Pain/discomfort/pressure in your chest during activities of daily living or during physical activity |  |  |
| A diagnosis of/treatment for high blood pressure 9BP), or a resting BP of 160/90 mmHg or higher |  |  |
| Dizziness or lightheadedness during physical activity |  |  |
| Shortness of breath at rest |  |  |
| Racing heart, unexpected fast or irregular heartbeats, or skipped heartbeats |  |  |
| Loss of consciousness/fainting for any reason |  |  |
| 2. Do you currently have pain or swelling in any part of your body(such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active? |  |  |
| 3. Have you ever been told to avoid sports because of health problems? |  |  |
| 4. Do you have any other medical or physical conditions (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active? |  |  |

|  |  |  |
| --- | --- | --- |
| **Family History** | **Yes** | **No** |
| **Have anyone in your family (Parents, brothers or sisters) less than 50 years old** | | |
| 5. Died suddenly and unexpectedly? If yes, please describe: |  |  |
| 6. Been treated for recurrent fainting or had unexplained seizure problems? |  |  |
| 7. Had unexplained drowning while swimming, unexplained car accident or sudden infant death? |  |  |
| 8. Been treated for irregular heartbeat, had heart surgery, heart transplantation, or had pacemaker or defibrillator implanted? |  |  |

It should also be noted that cases with a positive personal history, family history of potentially inherited cardiac disease, or positive physical result will be required to go for further evaluation by an appropriate cardiac specialist, before they are allowed to compete.

If you’d answer YES to any of the questions above, we will require a letter from your doctor stating that you are physically fit to compete in a Triathlon event. Please talk to your doctor in person. Tell your doctor about this medical questionnaire, and which questions you’d answered YES.