

## **Post COVID Return to Play Questionnaire:**

*To be completed prior to your/your child's appointment*

Do you/Does your child experience any of the following:

- Chest pain or discomfort with activity
- Passing out or feeling like you are going to pass out with activity
- Excessive fatigue with exertion or exercise that is unusual for you

Do you/Does your child have a history of:

- A heart murmur
- Elevated blood pressure
- Previous restriction from sports/exercise
- Previous testing for the heart ordered by a physician

Does your family have a history of:

- Premature death that is sudden and unexpected before the age of 50 in one or more relatives
- Disability due to heart disease in a close relative < 50 years of age
- Specific knowledge of certain cardiac conditions in family members such as:
  - hypertrophic or dilated cardiomyopathy
  - long QT syndrome or other conduction abnormalities
  - Marfan syndrome
  - clinically important arrhythmias