



MediSport S.r.l.

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Sede di Como: Via Bossi n. 7 – Tel. 031/570795 – medsportco@sportmed.it

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ATLETA Sig/Sig.ra.....

1 • MEDICAL HISTORY OF THE ATHLETE'S FAMILY

Living ☐ Father ☐ Deceased from

Living Mother ☐ ☐ Deceased from

Parents, grandparents or siblings of the athlete currently suffer or have suffered in the past from:

☐ Diabetes ☐ Stroke ☐ Angina ☐ Tumors ☐ High blood pressure (hypertension)

☐ Allergies (hay fever/asthma/hives) ☐ Other ☐ Sudden death

2 • ATHLETE'S MEDICAL HISTORY

☐ Respiratory/food/skin allergies ☐ Has a complete diet

☐ Do you smoke cigarettes? (If yes, how many) ☐ Consume alcohol

☐ Women: beginning of the cycle at years ☐ Woman: date of last period

Previous diseases

☐ Diabetes mellitus ☐ Toxoplasmosis ☐ Mononucleosis ☐ Pneumonia ☐ Tumors

☐ Kidney disease ☐ High blood pressure ☐ Heart disease ☐ Hepatitis ☐ Other

Hospitalizations due to illness:

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Hospitalizations for surgery:

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Trauma (sprains/fractures/ruptures of ligaments):

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Drug therapies in place today:

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3 • DECLARATION OF INFORMED CONSENT

As an athlete born on / /

I as a parent or guardian born on / /

I agree that the assessment of SPECIALIST EXAMINATION FOR FITNESS FOR COMPETITIVE SPORTS ACTIVITY will be carried out including:

☐ **CYCLE ERGOMETER STRESS TEST**

☐ **MAXIMAL EXERCISE CARDIOVASCULAR TEST WITH CYCLE ERGOMETER**

☐ **MAXIMAL CARDIOPULMONARY TEST WITH CYCLE ERGOMETER OR TREADMILL OR ROWING ERGOMETER OR CRANK ERGOMETER**

The signatory also declares that he has been fully informed of the reasons that lead to the aforementioned assessment, of the cognitive purposes that can be pursued by means of it and finally of the nature of the risks that may occur during its performance or as a result of it and in particular: arrhythmic or ischemic crises, cardiac crises, vagal crises, dyspneic crises, hypertensive crises.

In Faith

(The athlete or parent if the athlete is a minor)

4 • PROXY (to be completed if the underage athlete is accompanied by an adult family member who is not the parent)

I, the undersigned, born in, on,

identity card no., expiry on, parent exercising parental authority of the underage

athlete DELEGO as guardian Mrs/Mr. born in

....., on/...../....., residing in, identity

card no., expiring on, Tax Code

degree of kinship, to accompany the minor to this medical

office for medical evaluation for the purpose of issuing the certificate of competitive fitness, to sign the medical history on

the sports medical evaluation form, as well as to sign the consent to the processing of personal data as provided for by

articles 13 and 23 of Legislative Decree L.gs. no. 196//2003.

The delegating

The guardian

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