EUROMEDICA™
ASSISTANCE SRL
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SURNAME | FIRST NAME | DATE OF BIRTH

RESIDENCE IN ITALY | ADDRESS | N.

QUESTIONS ABOUT FAMILY (PARENTS, SIBLINGS, GRANDPARENTS)

diabetes: yes ☐ no ☐ who?

asthma: yes ☐ no ☐ who?

hypertension: yes ☐ no ☐ who?

ischemic heart disease or heart attack: yes ☐ no ☐ who?

sudden death: yes ☐ no ☐ who? at what age? cause?

other:

QUESTIONS ABOUT THE ATHELETE

current work:

how many cigarettes smoked a day? none ☐ 5 to 10 ☐ more than 10 ☐ or how many years?

drink alchol or spirits? yes ☐ no ☐

frequently take or have taken pharmaceutical products? yes ☐ no ☐

if yes, which & why?

DO YOU SUFFER OR HAVE YOU EVER SUFFERED FROM AILMENTS LIKE:

diabetes: yes ☐ no ☐ do you use insulin? yes ☐ no ☐

heart diseases yes ☐ no ☐ if yes which ones

hypertension: yes ☐ no ☐ do you suffer from epilepsy ? yes ☐ no ☐

other nuerological diseases yes ☐ no ☐ if yes which ones?

allergies yes ☐ no ☐ if yes what is your allergy? asthma yes ☐ no ☐

other respiratory diseases yes ☐ no ☐ if yes which ones?

have you ever had a surigical procedure? yes ☐ no ☐ if yes which one and when?

have you ever had any broken bones? yes ☐ no ☐ if yes which one and when?

have you ever had any other important ailments? yes ☐ no ☐ if yes which one and when?

have you ever had any head trauma's? yes ☐ no ☐ sif yes, when?

with fainting? yes ☐ no ☐ with hospitalization? yes ☐ no ☐ examinations conducted

have you ever had an abscence or altered function of an internal organ? yes ☐ no ☐

if yes, which & why? cause of ailment?

other medical issues

NOTE RELATIVE TO ANY PREVIOUS VISITS MADE TO OBTAIN A FITNESS CERTIFICATION TO PRACTICE SPORT

have you had any diagnostic analysis performed? yes ☐ no ☐

NOTES RELATED TO THIS VISIT

disorders or visual defects? yes ☐ no ☐ if yes which ones?

use of eye glasses or contact lenses? yes ☐ no ☐

if yes what do you use during sporting activities? eye glasses ☐ contact lenses ☐ nothing ☐

QUESTIONS RELATED TO THE GENITAL APPARATUS (for women)

date of first menstruation | date of last menstruation

DECLARATION: I hereby declare that I have just informed the doctor of my current physical and mental condition, previous diseases, and of never having been declared unfit in previous legal sports visits or that i am awaiting results of fitness tests by another doctor. I also pledge to not make use of illegal drugs recognized and misuse of drugs. I note to be informed of the dangers of tobacco smoke, performance-enhancing drugs and excessive alcohol. The declaration must be signed by or the patient, or in case of a minor, from at least one parent. Signing only after having read for the statements and clarification interviews with your doctor.

date

Signature of the Doctor

Signature of the Athlete