

ALLIANCE UNIVERSITY



EKG Pre-Registration Form

Alliance University mandates that every student-athlete has an EKG done. This will take place on your sport designated physical day here at Alliance University. To help avoid long lines, we are asking you to fill out the following questions and get this back to us ASAP so we can have your information in the system before you arrive so we can prevent those long lines. You may mail/email/fax us at the info at the bottom.

Name: _____ Date of Birth: _____

Year in School: _____ Student ID#: _____

Height: _____ Weight: _____ Race: _____

Sport(s): _____

Previously Diagnosed Heart Disease (specify): _____

Have you ever experienced chest pain and/or discomfort with exercise? Y N

Have you ever passed out or nearly passed out? Y N

Have you ever had excessive shortness of breath or fatigue with exercise? Y N

Have you been told you have a heart murmur? Y N

Have you had high blood pressure? Y N

Does anyone in your family have hypertrophic or dilated cardiomyopathy, Long QT, or Marfan Syndrome, or other heart arrhythmia problems? Y N

Has anyone in your family (age < 50) died suddenly or unexpectedly from heart disease? Y N

Has anyone in your family (age < 50) been disabled from heart disease? Y N



PLEASE DO NOT WRITE IN THIS BOX

BP: _____/_____

HR: _____