



Országos Sportegészségügyi Intézet
1113 Budapest Karolina út 27.
Tel.: (+36-1) 488-6100



ATHLETE'S SPORTS MEDICAL QUESTIONNAIRE (VALID FROM 02.01.2023)

Dear Athlete and Parents!

Please read the questions thoroughly and indicate your answers by selecting 'yes/no'. Should you choose 'Yes', please elaborate on your answer using the blank space at the end of the questionnaire.

The completed and signed questionnaire must be handed to the doctor at each examination.

Thank you!

PLEASE FILL IN ACCORDANCE WITH YOUR PERSONAL DOCUMENTS USING LEGIBLE CAPITAL LETTERS!

Name:		Social security (TAJ) number:	
Date of birth:		Place of birth:	
Mother's name:		Sport:	
Address:		Sports club:	
Phone number:		How long have you been doing this sport?:	
Weight: kg	Height: cm	Email:	

1. Number of training hours per week:		
2. Highest level of competition (city, county, national, international, national team)		
3. Do you or have you ever smoked?		
4. Have you previously been banned from sports owing to health reason?		
5. Have you had any illness before requiring hospitalization or longer regular medical treatment?	Yes	No
6. Do you have any congenital or acquired urinary tract or kidney disorder (solitary or horseshoe kidney etc.)		
7. Are any of your paired organs (e.g. kidney, testicle, ovary, organ of vision or hearing) missing congenitally or acquiredly?	Yes	No
8. Do you take any medication or inhalation product with or without medical prescription regularly?	Yes	No
9. Are you taking or have you ever taken any dietary supplements, as well as performance-enhancing or weight-influencing products?	Yes	No
10. Are you allergic to anything (e.g. pollen, bee sting, medicine, food, etc.)?	Yes	No
11. Have you ever fainted or felt dizzy or unusually weak during or after training?	Yes	No
12. Have you ever had chest pain, rapid or irregular heartbeat during or after training ('shortness of breathing/dyspnoea', 'as if it missed out')?	Yes	No
13. Do you tend to become exhausted prior earlier than usual during training?	Yes	No
14. Have you ever been told on a medical examination that your blood pressure is high?	Yes	No
15. Have you ever been told on a medical examination that you have heart murmur?	Yes	No
16. Have you had high blood sugar or cholesterol level during a laboratory blood test?	Yes	No
17. Has a sudden death, or death from heart disease ever occurred in your family (parents, grandparents, siblings) to someone under 50 years of age?	Yes	No
18. Has cancer, high blood pressure, diabetes, heart disease, stroke, arrhythmia, loss of consciousness, Marfan syndrome, limb atherosclerosis, cardiac surgery ever occurred in your family?	Yes	No
19. Have you had a serious viral infection in the past year (e.g. myocarditis, mononucleosis, COVID-19)?	Yes	No
20. Do you have any skin complaints (e.g. itching, rash, herpes, acne, furunculus, fungus)?	Yes	No
21. Have you ever suffered a head injury concussion, loss of consciousness or a K.O. caused by a fall, blow or collision?	Yes	No
22. Have you ever had limb spasm with sudden onset or an epileptic seizure?	Yes	No
23. Have you ever felt sick, dizzy or faint due to training at a high temperature? Have you ever been treated for heat exhaustion?	Yes	No
24. Have you ever experienced dyspnoea, stridor or heavy coughing during or after training?	Yes	No
25. Do you have asthma?	Yes	No
26. Do you use any special equipment, brace that is uncommon in your sport (protective eyewear, knee or ankle brace, waist belt, teeth or head protection etc)?	Yes	No
27. Have you ever had problems with your eyes or eyesight?	Yes	No
28. Do you wear glasses or contact lenses?	Yes	No
29. Have you had ophthalmological surgery?	Yes	No

30. Have you ever had a musculoskeletal injury (bone fracture, rupture of ligament, joint sprain, other) that required medical treatment (surgery, plastering etc)? If so, indicate where:	Yes	No																		
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head	chest	elbow	hand	thigh																
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back	upper arm	wrist	hip	shin	foot															
31. Do you have a chronic musculoskeletal disorder or disease (scoliosis, arthrosis, arthritis, discus hernia, other)?	Yes	No																		
32. Has it ever been necessary to increase or decrease your body weight?	Yes	No																		
33. Do you regularly decrease your weight in order to meet the requirements of your sport (e.g. weight class)?	Yes	No																		
34. Does the level of body weight loss reach 5 kg?	Yes	No																		
35. Do you feel tired, exhausted or irritable?	Yes	No																		
36. Do you have sleep disorder, problem with falling asleep or chronic insomnia?	Yes	No																		
37. Do you regularly take stimulants (coffee, alcohol, energy drinks, other)?	Yes	No																		
38. Do you participate in disabled sports (para athlete, organ transplanted, visually or hearing impaired, other)?	Yes	No																		
39. Do you have any other problems not mentioned above you wish to speak about?	Yes	No																		

Exclusively for female athletes (40-42.)

40. Do you have period? If, yes, how old were you when your period first started?	Yes	No
41. Do you have menstrual disorder, irregular period?	Yes	No
42. Do you take contraceptive medication?	Yes	No

Please specify „yes” answers (question 1-42.)

I declare that, to the best of knowledge, the data above correspond to reality and that I have no hidden illness.

I acknowledge that if there is a change in my health between two consecutive examinations, I must inform the examining sport doctor.

Yes No

We would like to inform you, that the sports medicine license becomes valid only with the electronic registration of the sports medical examination, the result of which about we must inform the National Sports Information System (NSR) and the sports association that signed you and issued your permit.

With the omitting the sports doctor's stamp, the permit can be checked electronically.

You can view the details of your sports medicine license according to OSEI's register on <https://online.osei.hu/engedely-ellenorzes>, if you have given your consent to data management below.

I hereby request that OSEI (as data management) provide information (in an identifiable way) on the validity of the sports medicine license to the NSR and to the organization (sports club or association), that issued the permit to me.

Yes No

I consent to the data manager knowing and storing my personal and health data.

I declare that I made this consent voluntarily, without any external influence, after having received the appropriate written information and relevant legal provisions in force (*)

I declare that I have read and expressly accept the contents of this Data Protection Information and Declaration.

Yes No

I as the named athlete's legal representative confirm the above with my signature:

Dated:

.....
athlete

.....
legal representative (under the age of 18)

*Current legal provisions

Act No 112 of 2011 on the right to informational self-determination and freedom of information

Act No 47 of 1997 on the management of the health and related personal data; 619/2016 regulation of the European Parliament and the Council (GDPR regulation)