

FAMILY MEDICAL HISTORY QUESTIONNAIRE

Having a close relative who has heart disease can sometimes increase your risk of developing the same problem. Therefore, answering the questions below will greatly help the doctor who you will see today assess your risk and make recommendations to help you prevent cardiac disease. Your answers will also be used as one of several factors that determine whether it is safe for you to run on a treadmill today without ECG monitoring.

Answering these questions is totally voluntary. If you decide to not answer them, there will be no consequences to your Fitness-for-Life bonus or work duty status. No one in your employing department will be informed of your decision.

Your answers below are considered to be “genetic information” under the Federal Genetic Information Nondiscrimination Act (GINA) of 2008. As such, GINA prohibits disclosure of your answers to your employer. Therefore, this form will be kept confidential by the clinic and not sent to the Fire Department or the C.E.O. Occupational Health Programs (OHP). However, the clinic may share the information you provide below with Harbor-UCLA Cardiology when their assistance is requested in order to provide you with the best possible care. Additionally, this form may be viewed on-site by an employee or designee of the OHP as part of a quality assurance audit to ensure the clinic’s compliance with OHP’s clinical practice guidelines.

If you are agreeable to providing your family history related to heart disease, please complete the following table and sign below.

Disease/Condition	Parents	Sibling	Age of Diagnosis
Coronary artery disease or angina			
Heart attack			
Cardiomyopathy (thickened or thinned heart muscle)			
Sudden unexpected death of unknown cause (ex. drowning of a good swimmer; sudden, unexplained car accident)			
Arrhythmia (irregular heart rate)			
Aortic aneurysm (thoracic, abdominal)			
Syncope/fainting during exercise			
Episodes of syncope/fainting during normal activity			
Heart failure or heart transplant			
Pacemaker or implantable defibrillator			
None of the above			

Certification: By my signature below, I certify that I am voluntarily providing the above family medical information after understanding why it is important, how it will be used, and the restrictions on its disclosure.

Employee Signature

Print Name

Today’s Date

Record Handling: Never send this questionnaire to OHP under any circumstance.