



## TEEN HEART SCREENING PACKET

Dear Parent and Teen:

Thank you for being a part of our mission to raise awareness of sudden cardiac arrest among parents, educators, and physicians. Until EKGs are a standardized part of well-child exams and pre-participation sports physicals, we will continue to seek out heart anomalies that unknowingly put kids at risk. We encourage the parents to attend the screening as chaperones. We want to assure you that students' confidentiality, privacy and individual modesty will be respected throughout all aspects of the program.

Heart screenings are completely painless and non-invasive. There are no needles or x-ray exposure. It consists of:

- A review of family and health history questionnaire
- Learning hands only CPR and AED use
- A 12 lead EKG. Small patches with a mild adhesive will be placed on the teen's chest, legs and arms. Electrodes are attached to the patches, and the heart's electrical activity is recorded
- A cardiologist will review the results and possibly ask questions
- Some students may also receive an echocardiogram (ultrasound) of their heart. Please be aware that our echocardiograms are limited to heart wall thickness and glaring structural abnormalities and may not catch everything a thorough echo may.
- **This process takes 60-90 minutes**
- We strongly urge you to share the results with your own family doctor so that it becomes a part of your teen's medical chart.

### THIS IS IMPORTANT:

- All teens under the age of 18 must have the permission form signed by a parent or guardian.
- On the day of the screening, teens should wear a t-shirt, sweat pants or sport shorts.
- Girls should wear a sports bra. Girls will be asked to remove the t-shirt but will keep the sports bra on at all times, and will be screened by female health professionals in an area separate from boys. Paper gowns will be provided if requested.

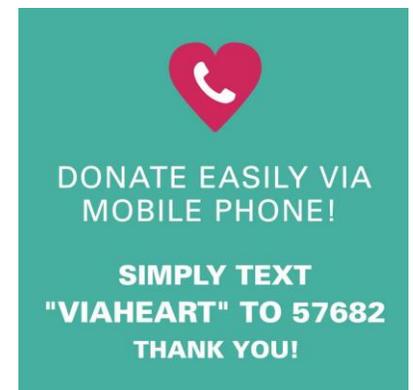
The cardiac screenings we offer are free, but we are a nonprofit 501(c)(3) organization (Tax ID # 27-1530938) that relies solely on donations to continue our mission to screen every teen in Northern California

Any support you can give will help us prevent losing more teens to sudden cardiac arrest. We urge you to stay informed, volunteer and donate.

**With your help, we can create a heart safe place to learn and play.**

In Health,

The Via Heart Project Team





YOU MUST BRING THIS SIGNED  
FORM TO THE SCREENING

## HEALTH HISTORY QUESTIONNAIRE

**CONFIDENTIAL**

Student's name (print)

Date of Birth

Please indicate student's school

**Heart conditions are affected by a number of variables. Answering honestly will help doctors accurately assess your cardiac health. Please circle your response. If unknown, leave blank.**

What is the student's race/ethnicity? African-American Caucasian Other  
(All students of African-American heritage will automatically receive an echocardiogram due to an increased risk of genetic cardiac abnormalities such as Hypertrophic Cardiomyopathy)

Do you participate in sports?

YES NO

If yes, which one(s)?

Have you ever been told to limit your participation in sports?

YES NO

Have you ever experienced chest pain or discomfort with exercise?

YES NO

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

YES NO

Have you ever passed out or nearly passed out?

YES NO

Have you ever been told you have a heart murmur?

YES NO

Have you had high blood pressure?

YES NO

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

YES NO

Has anyone in your family under the age of 50 died suddenly or unexpectedly from heart disease?

YES NO

Has anyone in your family under the age of 50 been disabled from heart disease?

YES NO

Have you had a physician order a heart test for you?

YES NO

Are you currently taking any prescription medication?

YES NO

If yes, what?

Have you ever used performance enhancing drugs and/or supplements?

YES NO

If Yes, please list

Do you drink energy drinks?

YES NO

If Yes, how many per day?

Additional comments:



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## HEART SCREENING PERMISSION FORM AND WAIVER

### I. Voluntary Participation

I, the undersigned, GIVE permission for my child, \_\_\_\_\_ to voluntarily participate in the Cardiac Screening for which my child will have provided a medical history form, will receive an electrocardiogram, and may receive an echocardiogram. The undersigned acknowledges and agrees that participation in the Cardiac Screening is completely voluntary and that it is the undersigned's decision to have my child participate in this Cardiac Screening. An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures the electrical activity of the heart and can detect certain heart abnormalities leading to sudden cardiac death. An echocardiogram is a non-invasive test that uses sound waves to create a moving picture of the heart that can detect heart abnormalities. By participating in the screening I acknowledge that I may be contacted in the future about the results of the screening.

**Parent's/Guardian's Initials:** \_\_\_\_\_

*By providing information of the related medical history form and in consultation with physicians and other healthcare providers at the screening day, I represent that I understand and agree to the following:*

### II. Assumption of the Risk, Release, and Waiver

The information provided on the accompanying forms is, to the best of my knowledge, complete and correct. I understand and acknowledge that a finding of low risk from the limited screening being performed is not a guarantee of good health and that participation in this program cannot substitute for a consultation with a physician or other medical professional for any medical or health related condition or for regular physical examinations.

I understand and acknowledge that information received from this screening is to be considered preliminary only and does not constitute a diagnosis of my child's health or physical condition. This is not a diagnostic study and is not intended to replace regular checkups with my child's physician. I further understand and acknowledge that I or another parent/guardian should discuss any abnormal results with my child's personal physician as soon as possible. I or another parent/guardian should ensure that any abnormal results from the Cardiac Screening are confirmed by a physician before any diagnosis or treatment is considered.

I acknowledge that I am voluntarily allowing my child to participate in the Cardiac Screening and that it is my choice to have my child participate in the testing. I understand and acknowledge that it is completely the responsibility of my child to convey to me the results of any tests and/or results and that no one associated with the Via Heart Project or the school shall have any duty or responsibility to report any cardiac testing results to any parent, custodian, school official, or others.

I acknowledge that photographs and/or videos may be taken on the day of the screening and used for promotional uses. All effort will be made to make the student unidentifiable.

In order to have the Cardiac Screening performed on my child and to have him/her participate in that screening, the undersigned, HEREBY RELEASES AND WAIVES ALL CLAIMS, ACTIONS, AND CAUSES OF ACTION that I or my child may otherwise have against the independent health care personnel and volunteers who are conducting or participating in this screening process, the school, the school district, and any vendors, sponsors, their officers, directors, employees, agents, volunteers, and representatives, from any claims, liability, or damages, including nor limited to personal injury or illness arising out of any physical, emotional, or mental injury or death that may occur in any way from my child's participation in this program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the Cardiac Screening. The undersigned further agrees that neither the undersigned nor any of the undersigned's heirs, personal or legal representatives of family members will bring suit or make a claim for illness, injury, or death resulting from the Cardiac Screening and that this release is binding upon my heirs, administrators and personal representatives.



**YOU MUST BRING THIS SIGNED  
FORM TO THE SCREENING**

## **HEART SCREENING PERMISSION FORM AND WAIVER (CONTINUED)**

I understand that all medical information obtained through my child's participation in this program will be kept confidential and will not be retained or used by the school or referring entity. Once the results have been disclosed to the student and/or the parent(s), the information will be de-identified via the removal of personally identifiable information. I give consent that the remaining anonymized data can be collected by the Via Heart Project and be used for medical and/or academic research.

I understand that I may request a pdf copy of the EKG for my child be sent to me via email to the email address that I provided when I registered my child online, This will not be through a secure system. I understand that if I want a copy of my child's EKG results, I must make that request, via email, to [screening@viaheartproject.org](mailto:screening@viaheartproject.org), and it must be received within 30 days of the screening.

**Parent's/Guardian's Initials:** \_\_\_\_\_

**The undersigned represent that they have carefully read and fully understand each and every term, condition, and paragraph of the provisions contained in this document.**

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Parent/Guardian Name (print) **Parent/Guardian Signature**

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Screening Date Student Name (Print)

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Student Date of Birth Student's school

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Home Address City State Zip

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Parent's telephone number Parent's alternative phone/mobile number

Do you have a pediatrician or family doctor that your youth sees regularly? YES NO

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Pediatrician or Primary care Physician Physician phone number