



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. Our testing cannot identify all heart conditions so regardless of the results, if anything in your child's health changes, please see a physician.

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 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 you will be contacted by email or a phone call with the results within 30 days.
- This process takes approximately 60-90 minutes depending on wait times.
- 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.

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

With Heart,

The Via Heart Project Team



YOU MUST BRING THIS SIGNED
FORM TO THE SCREENING

HEALTH HISTORY QUESTIONNAIRE

CONFIDENTIAL

Student's LAST name (print)	Student's FIRST name (print)	Date of Birth	Age
Parent's email address (please print legibly)		()	Parent's cell phone number

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
Have you had a physician order a heart test for you? YES NO	Have you ever had high blood pressure? YES NO		
If yes, which ones: ECG? ECHO? Exercise test?	Has anyone in your family under the age of 50 died suddenly or unexpectedly? YES NO		
Do you participate in sports? YES NO	Has anyone in your family under the age of 50 been disabled from heart disease? YES NO		
If yes, which one(s)?	Have you ever had a seizure? YES NO		
Have you ever been told to limit your participation in sports? YES NO	Are you currently taking any prescription or over the counter medications or supplements? YES NO		
Have you ever experienced chest pain or discomfort with exercise? YES NO	If yes, what?		
Have you ever had excessive (more than your friends) shortness of breath or fatigue with exercise? YES NO	Have you ever used performance enhancing drugs and/or supplements? YES NO		
Have you ever passed out or nearly passed out during or after exercise? YES NO	If yes, please list:		
Have you ever been told you have a heart murmur? YES NO	Have you ever had palpitations or skipped or racing Heart beats during or after exercise? YES NO		
Does anyone in your family have hypertrophic or dilated cardiomyopathy, Long QT, Marfan Syndrome, or any other heart arrhythmia problems? YES NO	Is there anything else we should know?		



YOU MUST BRING THIS SIGNED
FORM TO THE SCREENING

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 and will receive an electrocardiogram and possibly an echocardiogram if deemed necessary. 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. By participating in the screening I acknowledge that I may be contacted in the future about items including, but not limited to, the results of the screening.

By providing information of the related medical history form and in consultation with physicians and other healthcare providers involved in the screening, 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 sent 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, and it must be requested within 30 days of the screening.

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.

Parent/Guardian Name (print)

Parent/Guardian Signature

Screening Date

Student Name (Print)

Student Date of Birth

Student's school

Home Address

City

State

Zip

Do you have a pediatrician or family doctor that your youth sees regularly?

YES

NO

Pediatrician or Primary care Physician

Physician phone number