



TEEN HEART SCREENING PACKET

Dear Parent and Student:

Thank you for being part of our mission to raise awareness of Sudden Cardiac Arrest (SCA) through teen heart screenings. Our goal is to screen thousands of teens and identify hundreds of heart abnormalities, which put 1–2% of teens screened at risk for SCA.

Our team of volunteer medical doctors, cardiologists, nurses and medical technicians will be helping to screen your teen. The process takes about an hour, and you can expect to get the results of the screening that day. 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.

The following forms must be completed and brought to the screening:



BRING THIS WITH YOU

NO ONE WILL BE SCREENED WITHOUT THE FORMS BELOW:

- 1. Heart Screening Permission Form and Waiver**
- 2. Medical History Questionnaire**

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.

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.

The screening is completely painless and non-invasive (no needles or x-ray exposure) and consists of:

- Review of medical history questionnaire
- EKG Screening (Small patches with a mild adhesive will be placed on the student's chest, legs and arms. Electrodes are attached to the patches, and the heart's electrical activity is recorded)
- Some students may also have a limited echocardiogram (ultrasound) of their heart

A simple EKG, when used to screen physically active young persons, can detect certain serious heart conditions that cannot be detected by a stethoscope, including approximately 60% of the abnormalities or "markers" that are associated with Sudden Cardiac Death. Please note that EKG screenings result in approximately 2% of the tests being falsely positive. This may require additional evaluation and testing by your physician. We believe that the benefit of this potentially life-saving screening outweighs this concern.

Thank you for your participation,

The Via Heart Project Team



FREQUENTLY ASKED QUESTIONS ABOUT ELECTROCARDIOGRAM (EKG) SCREENINGS

What is an EKG?

An EKG is a completely painless, non-invasive test that evaluates the health of your heart. It measures your heart rate and electrical activity through electrodes attached via small patches with a mild adhesive to the teen's chest, legs and arms.

What does it mean if my child's screening EKG finding indicates that further evaluation is needed?

It may indicate the presence of a serious cardiac condition that may require further follow-up testing and treatment by a physician. Your child's physician will determine the need for further testing and treatment.

How soon should I have my child see a physician?

If your child's EKG result shows further evaluation is needed, you should have your child examined by your family physician within two weeks of being notified of the results of the screening EKG.

Will a diagnosis be made on my child's screening EKG?

No. A clinical diagnosis can only be made incorporating the EKG findings with a history and physical performed by your own physician. If you are told your child needs additional follow-up, you can bring a copy of the EKG and health history to your doctor, or we can send an advance copy to them when you provide us with the contact information.

Will my child's results be shared with the school?

Absolutely not. This is healthcare information that will only be shared with you. No information will be shared with anyone without your expressed written permission.

If my child's screening EKG finding indicates the need for follow up evaluation and testing with a physician, does that mean he/she has a life threatening condition?

Possibly, but 2% of EKG screenings will result in "false positive" findings. A false positive EKG indicates a defect may exist, but further testing shows there is no problem. We realize that this may cause some anxiety for parents. We believe that the benefit of this potentially life-saving screening outweighs this concern.

If my child's EKG is within normal limits, does this mean that they have a healthy heart?

An EKG can only detect 60% of those at risk for sudden cardiac death. There are some conditions that cannot be detected with an EKG. This EKG is a supplement to your physician's evaluation of your child. The health history questionnaire you will be filling out may also provide important information about symptoms and family history clues that may require further evaluation by your physician. It is important to give your physician a copy of both the EKG and health history so it can be added to your child's medical file.

If my child's EKG is within normal limits, does it need to be repeated again in future years?

This EKG is meant to be a baseline to measure future evaluation against. Current international recommendations are to repeat the EKG every other year through age 25.



YOU MUST BRING THIS SIGNED
FORM TO THE SCREENING

HEART SCREENING PERMISSION FORM AND WAIVER

I. Voluntary Participation

I, the undersigned, **(Please check one)** _____ GIVES permission, _____ DOES NOT 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



YOU MUST BRING THIS SIGNED FORM TO THE SCREENING

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

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.

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.

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.

Screening Date	Student Name (Print)	Student Date of Birth	Student's school
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Parent/Guardian Name (print)	Parent/Guardian Signature
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Home Address	City	State	Zip Code
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Parent's telephone number	Parent's alternative phone/mobile number
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Do you have a pediatrician or family doctor that your youth sees regularly? YES NO

If no, do you use a community clinic or urgent care for medical services as needed? YES NO

Pediatrician or Primary care Physician	Physician phone number
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YOU MUST BRING THIS SIGNED
FORM TO THE SCREENING

MEDICAL 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)?

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

YES NO

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

YES NO

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

YES NO

Have you ever experienced chest pain or discomfort with exercise?

YES NO

Are you currently taking any prescription medication?

YES NO

If yes, what?

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

YES NO

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

YES NO

If Yes, please list

Have you ever passed out or nearly passed out?

YES NO

Do you drink energy drinks?

YES NO

If Yes, how many per day?

Have you ever been told you have a heart murmur?

YES NO

Additional comments:

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



YOU CAN HELP SAVE A LIFE

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.

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.

DONATION OPTIONS

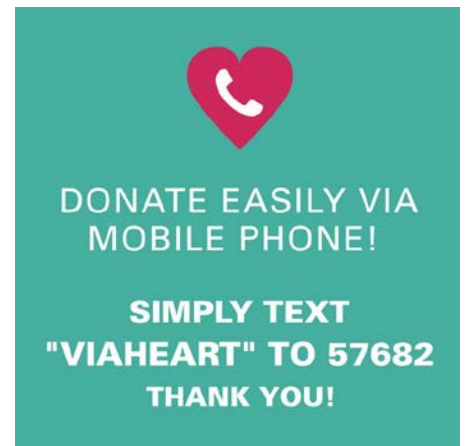
Credit card or PayPal? Visit www.viaheartproject.org

On your phone? Text "**viaheart**" to 57682 for the mobile donation page

Day of Event? We accept cash, check or credit card the day of the event.

Checks may also be mailed to:

Via Heart Project
1725 Clay Street
Suite 100
San Francisco, CA 94109
Tax ID # 27-1530938



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

THANK YOU FOR YOUR SUPPORT