



## 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. Private EKG tables are available in each room. Please let the door attendant of the EKG room know if you would like to be directed to a private table. 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 with you at the screening. If any follow up is needed, you will be contacted by phone or email to discuss the results further.
- 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.

**Please remember that while this is a free service to the community, it costs Via approximately \$50 per registered participant, plus the generous time commitment of 150+ medical and non-medical volunteers. We appreciate your keeping your appointment once you have registered.**

**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 <b>LAST</b> name (print)            | Student's <b>FIRST</b> name (print) | Date of Birth              | Age   |
| What is the student's race/ethnicity?         | African-American                    | Caucasian                  | Other |
| Parent's email address (please print legibly) |                                     | Parent's cell phone number |       |

**These three fields will be filled in by professionals at the screening**

|                    |                    |                |
|--------------------|--------------------|----------------|
| Height (in inches) | Weight (in pounds) | Blood Pressure |
|--------------------|--------------------|----------------|

**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.**

**Do you have a previously diagnosed heart disease?** Please circle below:  
None / Anomalous Coronary Artery / Aortic Aneurysm / ARVD/C / Brugada / CAD / Chagas Disease / Congenital HD / DCM / HCM / LQTS / Marfans / Non-Compaction / Rheumatic HD / Valvular HD / WPW / Unknown

**Have you had a physician order a heart test for you?**  
YES NO  
If yes, which ones: ECG? ECHO? Exercise test?

**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 (more than your friends) shortness of breath or fatigue with exercise?**  
YES NO

**Have you ever passed out or nearly passed out during or after exercise?**  
YES NO

**Have you ever been told you have a heart murmur?**  
YES NO

**Does anyone in your family have hypertrophic or dilated cardiomyopathy, Long QT, Marfan Syndrome, or any other heart arrhythmia problems?**  
YES NO

**Have you ever had high blood pressure?**  
YES NO

**Has anyone in your family under the age of 50 died suddenly or unexpectedly?**  
YES NO

**Has anyone in your family under the age of 50 been disabled from heart disease?**  
YES NO

**Have you ever had a seizure?**  
YES NO

**Are you currently taking any prescription or over the counter medications or supplements?**  
YES NO  
If yes, what?

**Have you ever used performance enhancing drugs and/or supplements?**  
YES NO  
If yes, please list:

**Have you ever had palpitations or skipped or racing heart beats during or after exercise?**  
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  
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## 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. I give consent that the 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](mailto: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.**

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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

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



## Frequently asked questions about screenings

### **Q: What happens during a heart screening?**

During the screening we will record the participant's height, weight, and blood pressure. A healthcare professional will then review the health history questionnaire. An EKG will be performed on the participant and reviewed by a cardiologist. After EKG review, if the cardiologist deems it necessary, the child will be sent for a follow-up echocardiogram. (Essentially a painless ultrasound of the heart.)

### **Q: What is an electrocardiogram? (Also called EKG or ECG.)**

The EKG is a noninvasive, painless test that delivers quick results. During an EKG, sensors (electrodes) that detect the electrical activity of the heart are placed on a person's chest and limbs. The sensors remain in place for just a few minutes while the heart's electrical activity is recorded.

### **Q: What is an echocardiogram? (Also called an echo.)**

An echocardiogram is an ultrasound that allows us to view the structure of the heart. An echo is noninvasive and takes approximately 10 minutes.

### **Q: How long is each participant's screening?**

Plan for the screening to take approximately 2 hours.

### **Q: What should a participant bring to the screening?**

Everyone must bring their fully completed health history questionnaire and signed waiver. Participants under the age of 18 must have the permission form **signed** by a parent or guardian.

### **Q: Do parents have to attend the screening?**

Parents are encouraged to join us at the screening if they are able, however it is not required. Please ensure the screening packet and **health history questionnaire is completely filled out and signed**. To participate in the screening event, all youth under 18 must have their parent or guardian's signature on their permission form.

### **Q: What should a participant wear to the screening?**

Participant should wear a T-shirt, sweatpants, 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. Girls will be screened by female health professionals in an area separate from the boys. Paper gowns are available, upon request.

### **Q: I need to change our registration time. Is that possible?**

Unfortunately, our system does not allow participants to adjust their registration time. However, you may re-register for the ideal time and then simply email [screening@viaheartproject.org](mailto:screening@viaheartproject.org) to let us know which time to delete.

### **Q: I want to register, but the screening time we want is full.**

If your first choice is unavailable, please select a second-choice time slot that is open. We apologize for the inconvenience.

### **Q: Should I do anything with the results of this test?**

We strongly urge you to share the results with the participant's pediatrician (or family doctor) so the information is documented in their medical records. We do not share the results with anyone including the school.

### **Q: If the cardiac screening is within normal limits, does this mean that the heart is healthy?**

An EKG can only detect 60% of those at risk for sudden cardiac death at the time of the screening. This EKG is meant to be a baseline to compare with future EKG evaluations. Current international recommendations are to repeat the EKG every two years through age 25, or if any warning signs or symptoms of a heart condition present.

### **Q: What are the warning signs or symptoms of a heart condition?**

- Fainting
- Skipped heartbeat
- Fast heart beat
- Light headedness
- Unexplained Fatigue
- Chest pain or pressure
- Seizure

### **Q: What if I need additional privacy?**

We want to assure you that participants' confidentiality, privacy and individual modesty will be respected throughout all aspects of the screening. If more privacy is needed, please notify a Via Heart Project medical volunteer or staff person for referral to the private screening area.

### **Q: If the cardiac screening EKG findings indicates the need for follow up evaluation and testing with a physician, does that mean there is 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 believe the benefit of this potentially life-saving screening outweighs this concern.

### **Q: How do I request a copy of my echocardiogram?**

Echocardiogram outcomes are recorded on the results sheet, but the echo report and images are not retained and therefore cannot be requested.

### **Q: How do I request a copy of my EKG?**

Participants/Parents/Guardians can request a pdf of their EKG to be sent electronically, via email. This pdf will **not** be sent through a secure system. Participants may request a copy of their EKG results, by emailing [screening@viaheartproject.org](mailto:screening@viaheartproject.org). Requests must be made within 30 days of the screening.

If you have any further questions, please email [screening@viaheartproject.org](mailto:screening@viaheartproject.org) or call [800-284-0125](tel:800-284-0125)