

School _____

Student name (first and last) _____

MRN # _____



HEART HEALTH SURVEY



Teen Heart Student Athlete Screening

**Lynden High School and Lynden Christian Schools
Wednesday, March 11, 2020**

CONTACT INFORMATION

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

Parent/Guardian Contact Phone: _____ Student Contact Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Teen Heart Student Athlete Screen – youth heart screening is available to any child ages 14-24. ***This screen is not intended for children who have a diagnosed heart condition and are followed by a cardiologist. The screen is intended to identify undiagnosed heart disease and should not be a substitute for a cardiology visit or follow-up testing.***

These cardiac tests would typically cost between \$125 and \$1,500 (depending on the complexity). With the generous support of PeaceHealth St. Joseph Cardiovascular Center, Boston Scientific, Whatcom County Fire District # 7, Whatcom County Fire District #14, Whatcom County Fire District #1 and local businesses in the community, this important screening is **FREE**.



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TEEN HEART SCREENING PARTICIPATION AGREEMENT

The Teen Heart Student Athlete Screening is offering a heart screening program for students, athletes, and young adults age 14-24. The information obtained from participants will be reviewed by medical personnel at the event. The identity of the screening participants and information obtained in the screening program will remain confidential and available only to the medical personnel helping at the event. The screening program may include:

- Medical History Questionnaire
- Blood pressure
- Physical examination
- Electrocardiogram (ECG - measures electrical activity in the heart)
- Echocardiogram (Echo - an ultrasound picture of the heart)

Data Collection Analysis and Reporting

The data collected related to your heart screen will be reviewed by medical personnel participating in this event. By agreeing to this heart screen, you understand and provide permission that the information collected about you during the screening process, including the information contained in your medical Heart Health Survey, will be reviewed by medical personnel at this screening. Medical personnel will provide you with a summary of the results of your screening and may recommend additional evaluation through follow-up with your physician or specialist.

By agreeing to participate in the program, if so indicated, you give permission to The Teen Heart Screen and medical personnel to provide your screening results to your physician or cardiologist, and you authorize your physician to share the results and diagnosis of any subsequent testing with The Teen Heart Screen .

I hereby give my permission for images of my child and/or myself, captured during a youth heart screening through video, photo or digital camera, to be used solely for the purposes of the heart screen event promotional material and post-event publicity, and waive any rights of compensation or ownership thereto.

I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I agree to be a participant in this heart screening, and in connection therewith, I consent to the release of information obtained in connection with the screening as described above. I understand that The Teen Heart Screen will not disclose my identity to any third party without my consent. I understand that I may withdraw from the screening. I further agree to hold The Teen Heart Screen , all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against The Teen Heart Screen and their directors, officers and volunteers as respects process and results of this free heart screening performed on this day.

Date: _____

Signature of Participant

Parental/Guardian Consent for Participants under the Age of 18:

As parent/guardian of the above minor participant, I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I grant permission for my child to participate in this cardiovascular screening. I consent to the release of information in connection with the screening as described above. I understand The Teen Heart Screen will not disclose my child's identity to any third party without my consent. I understand that I may withdraw my child from the screening or follow-up at any time without penalty.

Date: _____

Signature of Parent/Guardian

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Please complete the following questions regarding the individual being screened:

Age: _____

Gender: Male Female

Race/ethnicity: (check all that apply)

- African-American/Black
- Caucasian/White
- Hispanic/Latino
- Asian/Pacific Islander
- Native American
- Other: please specify: _____

SPORTS & PHYSICAL ACTIVITY

1) Do you participate in sports and/or other physical activities? Yes No

If yes, what level: Club/Select High School
 Recreational/Intramural College Professional

If **YES**, what sport(s) do you play?

(check all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Skiing/Snow Boarding |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> Hockey | <input type="checkbox"/> Swimming/Diving |
| <input type="checkbox"/> Cross country | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Track |
| <input type="checkbox"/> Football | <input type="checkbox"/> Rowing | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Rugby | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Softball | _____ |

2) Are you currently enrolled in a Physical Education (PE) Class? Yes No

3) Exercise and physical activity per week. **On average I get... (check one)**

- More than 10 hours of exercise or physical activity per week
- 5-10 hours of exercise or physical activity per week
- 2-5 hours of exercise or physical activity per week
- Less than 2 hours of exercise or physical activity per week

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MEDICAL HISTORY

Do you have any ongoing medical condition? Yes No

If yes, what condition(s)? Asthma ADHD Diabetes High blood pressure

Pre-existing heart condition: _____

Other: _____

Are you taking any medication(s)? Yes No

If yes, please list:

Have you had a sports physical examination by a physician or other medical provider within the last 12 months? Yes No

Student's Primary Care Physician _____

HEART HEALTH QUESTIONS

1. Do you get chest pain when you exercise? Yes No

2. Have you ever passed out during or immediately after exercise? Yes No

3. Do you have unexplained shortness of breath or fatigue during exercise? Yes No

4. Does your heart ever suddenly race (beat fast) without good reason? Yes No

5. Have you ever had an unexplained seizure? Yes No

6. Have you ever been diagnosed with: (if yes, check all that apply)

High Blood Pressure

A Heart Infection

High Cholesterol

Any other Heart Problem (please list):

Kawasaki Disease

7. Has anyone in your family died suddenly from a heart problem before the age of 40? Yes No

Relationship: _____

8. Has anyone in your family died suddenly for an unknown reason before the age of 40 (including sudden infant death syndrome (SIDS), unexplained car accident, or drowning)?

Yes No

Relationship: _____

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9. Does anyone in your family have any of the following specific genetic heart conditions:

- Hypertrophic Cardiomyopathy
- Dilated Cardiomyopathy
- Long QT Syndrome
- Short QT Syndrome
- Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)
- Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)
- Brugada syndrome
- Marfan Syndrome