

Heart Screening Packet

Dear Parent and Student:

Congratulations and thank you for being part of our mission to raise awareness of Sudden Cardiac Arrest (SCA) through teen heart screenings. We've screened thousands of teens and have identified hundreds of heart abnormalities, which put 1–2% of teens screened at risk for SCA.

Dr. John Rogers, a San Diego area cardiologist and president of the San Diego Sudden Cardiac Arrest Association, will be joined by a volunteer medical team of doctors, nurses and medical technicians to screen your teen. The process takes about an hour, and you can expect to get the results of the screening within three to four weeks. 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 with a stamped, self-addressed (business size) envelope.



NO ONE WILL BE SCREENED WITHOUT THE SIGNED FORMS LISTED BELOW

1. Cardiac Screening Permission Form and Waiver

2. Student/Athlete 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. We want to assure you that students' confidentiality, privacy and individual modesty will be respected throughout all aspects of the program.

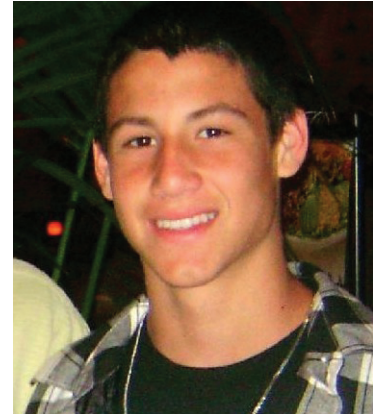
The screening is completely painless and non-invasive (*no needles or x-ray exposure*) and consists of:

1. Review of medical history questionnaire
2. 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)
3. 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 Eric Paredes Save A Life Foundation



About Eric Paredes *Eric was a healthy Steele Canyon High School sophomore athlete who died suddenly and unexpectedly from Sudden Cardiac Arrest (SCA) in 2009. His parents, Hector and Rhina Paredes, established EP Save A Life Foundation to honor Eric through their commitment to prevent this tragedy from reoccurring. Eric's foundation provides free screenings to youth to identify cardiac anomalies that may lead to SCA, with the ultimate goal of standardizing cardiac screenings among our youth. A 501(c)(3) nonprofit organization.*



Cardiac Screening Permission And Waiver

 **You must bring this signed form to the screening.**

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.

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 check ups 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 Eric Paredes Save a Life Foundation or the school shall have any duty or responsibility to report any cardiac testing results to any parent, custodian, school official, or others.

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 but not 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, legatees, administrators and personal representatives.

Parent's/Guardian's Initials: _____

All medical information obtained through my child's participation in this program will be kept confidential and will not be used or retained by the high school. Once the results have been disclosed to the student and/or parent the records will be destroyed.

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	STUDENTS NAME (PRINT)	DATE OF BIRTH	PLEASE INDICATE STUDENT'S SCHOOL (IF APPLICABLE)
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE		
HOME ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	ALTERNATE TELEPHONE/CELL NUMBER		
PEDIATRICIAN OR PRIMARY CARE PHYSICIAN	TELEPHONE NUMBER		



Medical Questionnaire

 **You must bring this form to the screening.**

CONFIDENTIAL

Please fill out the form completely. Heart conditions are affected by a number of variables. Answering honestly will help doctors accurately assess your cardiac health.

Student's Medical History

Have you ever been told to limit your participation in sports? Yes No

If yes, why? _____

Have you ever been told you have high blood pressure? Yes No

If yes, when? _____

Have you ever been told you have a heart condition? Yes No

If yes, what? _____

Have you had any chronic illnesses? Yes No

If yes, what? _____

Have you had any injuries? Yes No

If yes, please list: _____

Have you been hospitalized or visited an emergency room? Yes No

If yes, please list: _____

Have you had any surgeries? Yes No

If yes, what? _____

Are you taking any prescription medication? Yes No

If yes, what? _____

Student's Social History

Have you ever used performance enhancing drugs and/or supplements? Yes No

Do you drink energy drinks? Yes No

Family Medical History

Has anyone developed heart disease under the age of 50? Yes No

Has anyone died from heart disease under the age of 50? Yes No

Has anyone had unexplained fainting or seizures? Yes No

Has there been any unexplained, or unexpected deaths before 50? Yes No

Student's Current Condition

Please check all that apply. Leave blank if none apply.

If you have chest pain or pressure—When?

Resting Walking Exercise

If you experience skipped heartbeats—When?

Resting Walking Exercise

If you experience a fast heartbeat—When?

Resting Walking Exercise

If you experience shortness of breath—When?

Resting Walking Exercise

If you experience ankle or leg swelling—When?

Resting Walking Exercise

If you feel light-headed or dizzy—When?

Resting Walking Exercise

If you experience fainting or seizure—When?


Resting Walking Exercise

Are there any known heart conditions for anyone in your family?

If yes, please explain who it was, and what the heart

condition was _____



 **Please bring this form to the screening.**

Dear _____

PARENT'S NAME

Thank you for your participation. We found your results to be within normal limits.

This screening does not substitute for a regular on-going relationship with a primary care physician, who is attuned to your medical history and any changes in health status. No screening can identify 100% of the individuals at risk for a sudden cardiac event.

We encourage you to continue to have yearly physicals, and discuss any concerns or changes in your health with your primary physician. If you have further questions about your student's health, please contact your physician.

Thank you,

John Rogers, MD

OTHER PHYSICIAN



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. Until further testing is available this is the best tool to detect those at risk. 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.

