



Record Number: _____

COMMUNITY HEART SCREENING

Straight from the Heart is providing this Heart Screening at no cost or obligation. However to help defer screening costs, and enable future community screening events, there is a suggested donation of \$25.00. Donations are tax deductible, and can be made by credit card, cash or check payable to: Straight From the Heart

AGREEMENT TO PARTICIPATE IN HEART SCREENING

Straight from the Heart is offering a heart screening program for students, athletes, and young adults age 14-25. 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 Straight from the Heart Foundation and the physicians helping at the event. The screening program may include:

1. Medical History Questionnaire
2. Blood pressure
3. Physical examination
4. Electrocardiogram (ECG- measures electrical activity in the heart)
5. 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 our event and may be used in an aggregate form (no names or identifiers) as part of a research study on heart screening in the young. In agreeing to your 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 and can be included in a research study. 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 Straight from the Heart 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 Straight from the Heart.

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 Straight from the Heart's promotional material and publications, 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 Straight from The Heart Foundation 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 Straight from the Heart, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against Straight from the Heart 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 Straight from the Heart 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



Record Number: _____

HEART HEALTH SURVEY

CONTACT INFORMATION

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Parent/ Guardian Name: _____

Parent/ Guardian Email Address: _____

Please complete the following questions regarding the individual being screened:

DEMOGRAPHICS

Date of birth: _____ 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: _____
-



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SPORTS & PHYSICAL ACTIVITY

1) Do you play on an organized sports team or compete in an individual sport? Yes No

If yes, what level: Club/Select Recreational/Intramural
 High School 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 |
| <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) 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

PAST MEDICAL HISTORY

Do you have any ongoing medical illnesses? Yes No

If yes, what illness? Asthma ADHD Diabetes High blood pressure
Other: _____

Are you taking any medication? Yes No

If yes, what medication? _____

HEART HEALTH QUESTIONS	Yes	No
1. Do you get chest pain when you exercise?		
2. Have you ever passed out during or immediately after exercise?		
3. Do you have difficulty breathing or unexplained fatigue during exercise that is new or getting worse?		
4. Does your heart ever race (suddenly beat fast) without good reason?		
5. Have you ever had a seizure?		
6. Have you ever been diagnosed with: (if yes, check all that apply) <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Another heart problem <input type="checkbox"/> Kawasaki disease		
7. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, or echocardiogram)		
8. Has anyone in your family died from a heart problem before the age of 50?		
9. Has anyone in your family died suddenly for an unknown reason before the age of 50 (including sudden infant death syndrome (SIDS), unexplained car accident, or drowning)?		
10. Does anyone in your family have any of the following medical problems: hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia (CPVT), Brugada syndrome, or Marfan syndrome (if yes, please circle)		