

EKG Heart Screening Permission and History



NICK OF TIME FOUNDATION ID#

PARTICIPANT'S LAST NAME

FIRSTNAME

The Nick of Time Foundation 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 Nick of Time Foundation and the physicians helping at the event.

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 The Nick of Time Foundation 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 Nick of Time Foundation.

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 Nick of Time Foundation 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 Nick of Time 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 Nick of Time Foundation, all physicians, technicians, volunteers, and all other persons, entities, individuals, and organizations harmless and waive all subrogation rights against The Nick of Time Foundation and their directors, officers and volunteers as respects process and results of this EKG youth heart screening performed on this day.

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.

Complete either the first or second consent box below.

Participants Under 18 Consent:

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN EMAIL

PARENT/GUARDIAN TELEPHONE NUMBER

HOME ADDRESS

PARENT/GUARDIAN SIGNATURE

DATE

Participants 18-24 Consent

EMAIL

TELEPHONE NUMBER

HOME ADDRESS

SIGNATURE OF PARTICIPANT

DATE



Please complete the following questions regarding the individual being screened:**DEMOGRAPHICS**

Date of Birth: _____

Age: _____

Gender: ☐ Male ☐ Female ☐ Other**Race: (check all that apply):**

- ☐ White
☐ Black or African-American
☐ Asian
☐ Native American/Native Alaskan
☐ Native Hawaiian or Other Pacific Islander
☐ Other: please specify: _____

Ethnicity (check one)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

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 ☐ Pro

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

- ☐ 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

IF YES, what sport(s) do you play competitively or on an organized team? (Check all that apply)

- ☐ Baseball ☐ Martial arts
☐ Basketball ☐ Rowing
☐ Cheer ☐ Rugby
☐ X country ☐ Soccer
☐ Football ☐ Softball
☐ Field hockey ☐ Skiing
☐ Frisbee ☐ Swimming/Diving
☐ Golf ☐ Tennis
☐ Gymnastics ☐ Track
☐ Hockey ☐ Volleyball
☐ Lacrosse ☐ Wrestling
☐ Other: _____

PAST MEDICAL HISTORYDo you have any ongoing medical conditions? ☐ Yes ☐ NoIf yes, what illness? ☐ Asthma ☐ ADHD ☐ Diabetes☐ High blood pressure☐ Pre-existing heart condition _____☐ Other: _____Are you taking any medication? ☐ Yes ☐ No

If yes, what medication? _____

Have you had a sports physical or well child evaluation by a physician or other medical provider within the last 12 months? ☐ Yes ☐ NoHave you been diagnosed with COVID-19? ☐ Yes ☐ No

If yes, when? Date: _____

HEART HEALTH QUESTIONS	Student		(If "Yes") After Physician Review	
	No	Yes	No	Yes
1. Have you ever passed out <u>DURING</u> exercise? (For example, while running or playing sport – not after)				
2. Do you get chest pain <u>DURING</u> exercise that makes you stop exercising? (For example, pain in the center or left side of your chest – not right side)				
3. Have you ever passed out or had a seizure suddenly and without warning <u>in response to loud noises</u> such as doorbells, alarm clocks, or ringing telephones?				
4. Has a close family member (parent, brother/sister, grandparent, aunt, or uncle) died from a heart problem or suffered sudden cardiac arrest before the <u>age of 40</u> ?				
5. Does a family member have any of these <u>genetic</u> * heart conditions: <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) <input type="checkbox"/> Dilated cardiomyopathy (DCM) <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ARVC) <input type="checkbox"/> Marfans syndrome <input type="checkbox"/> Long QT syndrome (LQTS) <input type="checkbox"/> Catecholaminergic polymorphic ventricular tachycardia (CPVT) <input type="checkbox"/> Brugada syndrome *Does <u>not</u> include atrial fibrillation, congestive heart failure, coronary artery disease/heart attacks, or supraventricular tachycardia.				

Physician comments: _____

