



Operation Screen Your Athlete Medical Questionnaire

PLEASE PRINT

Athlete's Name: _____	DOB: / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address: _____	Zip: _____		
School Attending: _____	Grade: _____		
Parent/Guardian Name: _____	Home Phone: _____		
Parent/Guardian Email: _____	Parent/Guardian Cell: _____		

Parents please fill out the form completely. Heart conditions are affected by a number of variables. Please do not guess at the answers pertaining to your child's current athletic health. Have your child fill out those questions about themselves or ask your child the questions. Remember honesty is important! Answering honestly will help the providers accurately assess cardiac health.

Athlete's Medical History

Have you ever been told to limit your participation in sports? Yes No
If yes, why and by whom? _____

Have you ever been told you have high blood pressure? Yes No
If yes, when and by whom? _____

Have you ever been told you have a heart condition? Yes No
If yes, what and by whom? _____

Have you ever been diagnosed with a heart murmur? Yes No
If yes, when and by whom? _____

Have you ever had chest pain/tightness/pressure/discomfort with exercise? Yes No
If yes, describe? _____

Have you had any episodes of shortness of breath with exercise? Yes No
If yes, describe? _____

Have you had any episodes of unexplained weakness or fatigue with exercise? Yes No
If yes, describe? _____

Have you had any episodes of heart palpitations or "skipping beats"? Yes No
If yes, describe? _____

Have you ever experienced a fast heartbeat not associated with vigorous exercise? Yes No
If yes, describe? _____

Have you ever experienced ankle or leg swelling not associated with an injury? Yes No
If yes, describe? _____

Athlete's Name: _____ **DOB:** / /

Have you had any episodes of being light-headed or dizzy? Yes No
If yes, describe? _____

Do you have any chronic illnesses? Yes No
If yes, what? _____

Have you had any recent injuries? Yes No
If yes, please list: _____

Have you been hospitalized or visited an emergency room in the last 2 years? Yes No
If yes, please list reason: _____

Have you had any surgeries? Yes No
If yes, list surgeries and when: _____

Are you taking any prescription medication? Yes No
If yes, what medications? _____

Athlete's Social History

Have you ever used performance enhancing drugs and/or supplements? Yes No
Have you ever used illicit drugs? Yes No
Do you drink energy drinks? Yes No
If yes, how often? _____

Family Medical History

Has anyone developed heart disease under the age of 50? Yes No
If yes, who? _____

Has anyone died from heart disease under the age of 50? Yes No
If yes, who? _____

Has anyone had unexplained fainting or seizures? Yes No
If yes, who? _____

Has there been any unexplained or unexpected deaths before the age of 50? Yes No
If yes, who? _____

Has anyone in the family ever been diagnosed with Marfan syndrome? Yes No
If yes, who? _____

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

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



Operation Screen Your Athlete Quick Cardiac Assessment

THIS IS NOT A CLEARANCE FOR PARTICIPATION IN SPORTS.

PLEASE PRINT

Athlete's Name: _____		DOB: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address: _____		Zip: _____	
School Attending: _____		Grade: _____	
Parent/Guardian Name: _____		Home Phone: _____	
Parent/Guardian Email: _____		Parent/Guardian Cell: _____	

Below information to be completed by providers:

Height	Weight	Right Arm BP	Right Leg BP	HR	Resp	Pulse Ox	Temp

Provider Evaluation

EKG

Normal Abnormal

ECHO

Normal Abnormal N/A

MEDICAL QUESTIONNAIRE REVIEWED

Normal Abnormal

Screening Within Range

Needs Further Review and Evaluation



RELEASE WAIVER

AGREEMENT TO PARTICIPATE IN CARDIAC SCREENING

THIS IS NOT A CLEARANCE FOR PARTICIPATION IN SPORTS.

PLEASE PRINT

Athlete's Name: _____	DOB: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address: _____	Zip: _____	
School Attending: _____	Grade: _____	
Parent/Guardian Name: _____	Home Phone: _____	
Parent/Guardian Email: _____	Parent/Guardian Cell: _____	

Operation Screen Your Athlete is offering a free cardiac screening for teenagers to identify selected cardiac abnormalities in an effort to minimize the risk of sudden cardiac death. Many abnormalities of the heart can potentially cause sudden cardiac death and some of them can be detected by using electrocardiogram and/or echocardiogram. However, these screenings do not always detect cardiovascular abnormalities when present and not all potentially fatal heart abnormalities can be detected by this screening.

The Operation Screen Your Athlete Cardiac Screening will include a measure of Height and Weight, a modified electrocardiogram (12-lead ECG - measures the electrical activity in the heart), and if necessary a limited echocardiogram (2-dimensional ECHO - ultrasound picture of the heart). Medical personnel will provide an assessment of the data (normal or abnormal) on the day of the screening. All data collected related to the cardiac screen will be reviewed by a board certified pediatric or adult cardiologist, physician, or advanced nurse practitioner to ensure accuracy. Any teenager having an abnormal screen may be offered the opportunity to undergo a more thorough evaluation on the day of the screening so that a plan for care can be established. The identity of the screening participant and information obtained in the screening program will remain confidential and available only to Operation Screen Your Athlete and the physicians directly working with Operation Screen Your Athlete.

Participant Consent: I acknowledge that I have read the above agreement and understand its contents. I agree to be a voluntary participant in this cardiac screening and request technologists, technical assistants, cardiologists, and other health care providers to administer, interpret and communicate the results of my ECG screening and ECHO procedure. I understand that these procedures involve the use of cardiac imaging technology and electrical detection technology. I understand that no warranty or guarantee has been made to me as to the results or accuracy of the ECG screening and ECHO procedure. I understand that this screening may not be sufficient for diagnosis purposes and that an additional procedure(s) might be required in the event of an abnormal finding on the ECG screening and ECHO procedure. I also understand that upon further evaluation a suspected abnormal finding on the initial screening may or may not confirm that there is truly an abnormality present. I understand that Operation Screen Your Athlete will not disclose my identity to any third party without my consent. I further agree to hold Operation Screen Your Athlete, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against Operation Screen Your Athlete and their physicians, officers and volunteers as respects process and results of this free cardiac screening. Furthermore, I hereby state that, to be best of my knowledge, my answers to the questions in the OSYA registration packet, including medical history, social history, and date of birth, are complete and correct. I understand that failure to be truthful in responses could hinder the cardiac screening and the accuracy of results and do not hold Operation Screen Your Athlete or its volunteers liable.

Signature of Participant _____ Date: ____/____/____

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 agree to all of the terms of the above Consent on behalf of my minor participant. Further, I grant permission for my child to participate in this cardiovascular screening. I understand Operation Screen Your Athlete will not disclose my child's identity to any third party without my consent. I understand that a parent/guardian is required to be present during the entire cardiac screening process. Furthermore, I hereby state that, to be best of my knowledge, my answers to the questions in the OSYA registration packet, including medical history, social history, and date of birth, are complete and correct. I understand that failure to be truthful in responses could hinder the cardiac screening and the accuracy of results and do not hold Operation Screen Your Athlete or its volunteers liable.

Signature of Parent/Guardian _____ Date: ____/____/____



Parent Release Form for Screening Follow-Up

I, the undersigned, do hereby grant or deny permission to Operation Screen Your Athlete to call me to follow up on my child, _____, after his/her cardiac screening. I understand that the information obtained by Operation Screen Your Athlete will not be used for any purpose outside of the organization's statistical analysis of cardiac screenings. Furthermore, no identifying information (i.e. child's name) about my child will be used during the statistical analysis.

- Grant permission to call regarding my child's screening.
- Deny permission to call regarding my child's screening.

Parent/Guardian signature _____ Date _____

Phone number _____



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 cardiologist. You will be given a referral to a cardiologist if further testing is needed.

How soon should I have my child see a physician?

If your child's EKG result shows further evaluation is needed, you will be referred to a cardiologist for follow-up testing and evaluation. You should schedule your appointment based upon the recommendations of the cardiologist you see at the athlete screening.

Will a diagnosis be made on my child's screening EKG?

NO. A clinical diagnosis can only be made incorporating the EKG/echo findings with a full history and physical performed by a cardiologist. If you are told your child needs additional follow-up, you will be referred to a cardiologist for further evaluation and treatment.

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 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.