

# EKG Heart Screening Permission and Waiver

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

SCREENING DATE PARTICIPANT'S LAST NAME FIRSTNAME DATE OF BIRTH

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.

<b>Participants Under 18 Consent:</b>		
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN EMAIL	PARENT/GUARDIAN TELEPHONE NUMBER
HOME ADDRESS		
PARENT/GUARDIAN SIGNATURE	DATE	
<b>Participants 18–24 Consent</b>		
EMAIL	TELEPHONE NUMBER	
HOME ADDRESS		
SIGNATURE OF PARTICIPANT	DATE	



# Frequently Asked Questions About Heart Screenings

## What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a condition that occurs when the heart suddenly and unexpectedly stops beating effectively. If this happens, blood stops flowing to the brain and other vital organs. This is caused by an electrical disturbance and/or a structural abnormality. Death occurs within minutes if not treated with CPR and an AED (automated external defibrillator). SCA is not a heart attack.

## What is an electrocardiogram (EKG)?

An EKG is a completely painless, non-invasive test that evaluates the health of your heart. It measures your heart rate and rhythm through electrodes attached via small patches with a mild latex free adhesive to the chest, legs and arms. No physical activity is required.

## What is an echocardiogram (ECHO)?

When indicated by our medical team, a limited echocardiogram (ultra- sound of the heart) will be done. This specifically focuses on identifying heart structural abnormalities relevant to the age group being screened.

## What does it mean if my screening 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 must contact your physician to determine the need for further testing and treatment.

## Will results be shared with the school?

No.

## Will a diagnosis be made on the results of the screening?

NO, THIS IS A SCREENING ONLY. 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 additional follow-up is needed, you will be provided by the next business day with a complete copy of your screening record for you to take to your physician. ECHO film results are not available.

## If my EKG is within normal limits, does it need to be repeated again in future years?

This EKG is meant to be a baseline to compare with future EKG evaluations. Current international recommendations are to repeat the EKG every two years through age 25 or if any warning sign or symptoms of SCA are present.

## What are the warning signs or symptoms that should always be shared with your PCP?

- Family Cardiac History or sudden death
- Chest pain or pressure
- Skipped heartbeat
- Fast heart beat
- Light headedness
- Fainting
- Seizure
- Unexplained Fatigue

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The Nick of Time Foundation is providing this EKG Youth 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 at time of registration, by cash, or check payable to: Nick of Time Foundation  
They can also be made online at [www.nickoftimefoundation.org/donate/](http://www.nickoftimefoundation.org/donate/)

These cardiac tests would typically cost between \$125 and \$1,500. With your generous support, NoTF screening exams are less than a doctor visit co-pay. Donations are tax deductible and help to defer screening costs, and enable future community screening events.

Grants are available for families in need, please contact [info@nickoftimefoundation.org](mailto:info@nickoftimefoundation.org) for more information.

**\*\* 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.**



**DEMOGRAPHICS**

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

**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  Pro

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 HISTORY**

Do you have any ongoing medical conditions?  Yes  No

If 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  No

HEART HEALTH QUESTIONS	Student		(If "Yes") After Physician Review	
	No	Yes	No	Yes
1. Have you ever passed out <b>DURING</b> exercise? (For example, while running or playing sport – not after)				
2. Do you get chest pain <b>DURING</b> 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 <b>in response to loud noises</b> 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 <b>age of 40</b> ?				
5. Does a family member have any of these <b>genetic*</b> 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 <b>not</b> include atrial fibrillation, congestive heart failure, coronary artery disease/heart attacks, or supraventricular tachycardia.				

Physician comments: \_\_\_\_\_

