

NoTF ID Number: _____



**SCA Awareness
Youth Heart Screening
CPR/AED in Schools**

HEART HEALTH SURVEY

CONTACT INFORMATION

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

Home Phone: _____ Mobile Phone: _____

Parent/ Guardian Name: _____

Parent/ Guardian Email Address: _____

Nick of Time Foundation youth heart screens are available to any child ages 14-24 for a tax-deductible donation of \$25 per person.

Payments can be made online at www.nickoftimefoundation.org/donate/ , by cash or check payable to: Nick of Time Foundation.

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 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.**

NICK OF TIME FOUNDATION COMMUNITY HEART SCREENING

AGREEMENT TO PARTICIPATE IN HEART SCREENING

The Nick of Time Foundation 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 Nick of Time 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 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 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 The Nick of Time Foundation 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

Please complete the following questions regarding the individual being screened:

DEMOGRAPHICS

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: _____
-

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 competitively or on an organized team?

(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

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	Yes	No
1. Have you ever passed out during exercise?		
2. Have you ever had a seizure that is unexplained?		
3. Has a family member suffered cardiac arrest or died from a heart problem before the age of 40?		
4. Do you get chest pain/discomfort/tightness/pressure related to exertion?		
5. Have you had unexplained syncope (passing out) or near-syncope (nearly passing out)?		
6. Do you get excessive and unexplained shortness of breath/fatigue or palpitations, associated with exercise?		
7. Have you been told you have a heart murmur?		
8. Have you been told you have elevated blood pressure?		
9. Have you been previously restricted from participation in sports?		
10. Have you had prior testing for the heart, ordered by a physician?		
11. Has one or more relative had premature death (sudden and unexpected, or otherwise) before 50 years of age attributable to heart disease?		
10. Has a close relative <50 years of age had disability from heart disease?		
11. Does a family member have any of these heart conditions: hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac conditions in family members?		