Revised 6-2021

EKG Heart Screening Permission and History

You must bring this signed form to the screening.

NICK OF TIME FOUNDATION ID# PARTICIPANT'S LAST NAME FIRST NAME

The Nick of Time Foundation is offering a heart screening program for students, athletes, and young adults aged 12-24. 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 your screening results 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 participate 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

Nick of Time FOUNDATION

PO Box 14178 • Mill Creek, Washington 98082 • info@nickoftimefoundation.org • nickoftimefoundation.org

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. A heart attack involves rupture of an atherosclerotic plaque in a coronary artery and can lead to SCA.

Why is an electrocardiogram (EKG) important?

The standard of care for well-child and sports physical examinations miss about 90% of electrical and structural issues that can put young people at risk for SCA. Most of these conditions are not detectable with just a stethoscope. Research shows that electrocardiograms (EKGs or ECGs) are the most effective way to diagnose an undetected heart condition.

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 (ultrasound 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?

An abnormal screen requires additional testing with a cardiologist to evaluate for the presence of a heart disorder. You must contact your physician for further testing, or the Nick of Time Foundation can assist in arranging follow-up.

Will results be shared with the school?

No.

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

Not usually. This is a screening and identified concerns require additional testing and medical consultation. 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?

Current recommendations are to repeat the EKG every two years while active in sports through age 25 or if any new warning sign, symptom, or family history of a heart disorder are present.

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

- Family history of SCA or sudden death
- Chest pain or pressure with exercise
- Fast heart beat that is unexplained
- Fainting during exercise
- Seizure
- Unexplained fatigue or shortness of breath with exercise

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, a $25.00 donation is suggested.

Donations are tax deductible, and can be made at the time of registration, or the day of the event by cash, or check payable to:
Nick of Time Foundation
They can also be made online at www.nickoftimefoundation.org/donate/

An EKG usually costs about $150 in a doctor's office and an ECHO about $1500. With your generous support, donations help defer screening costs and enable future community screening events. No student will be denied a screening.

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 disorders and should not be a substitute for a cardiology follow-up or testing.**

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NoTF ID Number _____

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 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

Have 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 exercise</u>?** (For example, while running or playing sport – not after)				
2. **Do you get chest pain <u>DURING exercise</u> 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:** ☐ Hypertrophic cardiomyopathy (HCM) ☐ Dilated cardiomyopathy (DCM) ☐ Arrhythmogenic right ventricular cardiomyopathy (ARVC) ☐ Marfans syndrome ☐ Long QT syndrome (LQTS) ☐ Catecholaminergic polymorphic ventricular tachycardia (CPVT) ☐ Brugada syndrome *Does <u>not</u> include atrial fibrillation, congestive heart failure, coronary artery disease/heart attacks, or supraventricular tachycardia.				

Physician comments: _____