



## YOUTH HEART SCREENING PACKET

Dear Parent and Student:

Thank you for being part of our mission to raise awareness of Sudden Cardiac Arrest (SCA) through teen heart screenings. Our goal is to screen thousands of teens and identify hundreds of heart abnormalities, which put 1–2% of teens screened at risk for SCA.

Our team of volunteer medical doctors, cardiologists, nurses and medical technicians will be helping to screen your teen. The process takes about an hour, and you can expect to get the results of the screening that day. We strongly urge you to share the results with your own family doctor so that it becomes a part of your teen's medical chart.

The following forms must be completed and brought to the screening:



### BRING THIS WITH YOU

### NO ONE WILL BE SCREENED WITHOUT THE FORMS BELOW:

1. Cardiac Screening Permission Form and Waiver
2. Medical History Questionnaire

On the day of the screening, teens should wear a t-shirt, sweat pants or sport shorts. Girls should wear a sports bra. Girls will be asked to remove the t-shirt but will keep the sports bra on at all times, and will be screened by female health professionals in an area separate from boys.

We encourage the parents to attend the screening as chaperones. We want to assure you that students' confidentiality, privacy and individual modesty will be respected throughout all aspects of the program.

The screening is completely painless and non-invasive (no needles or x-ray exposure) and consists of:

- Review of medical history questionnaire
- EKG Screening (Small patches with a mild adhesive will be placed on the student's chest, legs and arms. Electrodes are attached to the patches, and the heart's electrical activity is recorded)
- Some students may also have a limited echocardiogram (ultrasound) of their heart

A simple EKG, when used to screen physically active young persons, can detect certain serious heart conditions that cannot be detected by a stethoscope, including approximately 60% of the abnormalities or "markers" that are associated with Sudden Cardiac Death. Please note that EKG screenings result in approximately 2% of the tests being falsely positive. This may require additional evaluation and testing by your physician. We believe that the benefit of this potentially life-saving screening outweighs this concern.

Thank you for your participation,

Olivia's Heart Project Team

### Olivia's Heart Project

PO Box 22346 | Bakersfield, CA. 93390

Phone: (661) 331-9157 | Email: [info@oliviasheartproject.org](mailto:info@oliviasheartproject.org)

[www.OliviasHeartProject.org](http://www.OliviasHeartProject.org)

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**YOU MUST BRING THIS SIGNED  
FORM TO THE SCREENING**

## **CARDIAC SCREENING PERMISSION FORM AND WAIVER**

### **I. Voluntary Participation**

I, the undersigned, (Please check one)  GIVES permission,  DOES NOT give permission for my child, \_\_\_\_\_ to voluntarily participate in the Cardiac Screening for which my child will have provided a medical history form, will receive an electrocardiogram, and may receive an echocardiogram. The undersigned acknowledges and agrees that participation in the Cardiac Screening is completely voluntary and that it is the undersigned's decision to have my child participate in this Cardiac Screening. An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures the electrical activity of the heart and can detect certain heart abnormalities leading to sudden cardiac death. An echocardiogram is a non-invasive test that uses sound waves to create a moving picture of the heart that can detect heart abnormalities.

Yes, Olivia's Heart Project may contact me to discuss any follow up questions as a result of today's screening.

No, I do not want to be contacted in the future about the results of today's screening.

Parent's/Guardian's Initials: \_\_\_\_\_

*By providing information of the related medical history form and in consultation with physicians and other healthcare providers at the screening day, I represent that I understand and agree to the following:*

### **II. Assumption of the Risk, Release, and Waiver**

The information provided on the accompanying forms is, to the best of my knowledge, complete and correct. I understand and acknowledge that a finding of low risk from the limited screening being performed is not a guarantee of good health and that participation in this program cannot substitute for a consultation with a physician or other medical professional for any medical or health related condition or for regular physical examinations.

I understand and acknowledge that information received from this screening is to be considered preliminary only and does not constitute a diagnosis of my child's health or physical condition. This is not a diagnostic study and is not intended to replace regular checkups with my child's physician. I further understand and acknowledge that I or another parent/guardian should discuss any abnormal results with my child's personal physician as soon as possible. I or another parent/guardian should ensure that any abnormal results from the Cardiac Screening are confirmed by a physician before any diagnosis or treatment is considered.

I acknowledge that I am voluntarily allowing my child to participate in the Cardiac Screening and that it is my choice to have my child participate in the testing. I understand and acknowledge that it is completely the responsibility of my child to convey to me the results of any tests and/or results and that no one associated with the Olivia's Heart Project or the school shall have any duty or responsibility to report any cardiac testing results to any parent, custodian, school official, or others.

In order to have the Cardiac Screening performed on my child and to have him/her participate in that screening, the undersigned, HEREBY RELEASES AND WAIVES ALL CLAIMS, ACTIONS, AND CAUSES OF ACTION that I or my child may otherwise have against the independent health care personnel and volunteers who are conducting or participating in this screening process, the school, the school district, and any vendors, sponsors, their officers, directors, employees, agents, volunteers, and representatives, from any claims, liability, or damages, including but not

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## **CARDIAC SCREENING PERMISSION FORM AND WAIVER (CONTINUED)**

limited to personal injury or illness arising out of any physical, emotional, or mental injury or death that may occur in any way from my child's participation in this program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the Cardiac Screening. The undersigned further agrees that neither the undersigned nor any of the undersigned's heirs, personal or legal representatives of family members will bring suit or make a claim for illness, injury, or death resulting from the Cardiac Screening and that this release is binding upon my heirs, administrators and personal representatives.

I understand that all medical information obtained through my child's participation in this program will be kept confidential and will not be retained or used by the school or referring entity. Once the results have been disclosed to the student and/or the parent(s), the information will be de-identified via the removal of personally identifiable information. I give consent that the remaining anonymized data can be collected by Olivia's Heart Project and be used for medical and/or academic research.

Parent's/Guardian's Initials: \_\_\_\_\_

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 Olivia's Heart Project promotional material and publications and waive any rights of compensation or ownership thereto.

Parent's/Guardian's Initials: \_\_\_\_\_

**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.**

|   |  |                           |                  |
|---|--|---------------------------|------------------|
| Screening Date  | Student Name (Print)                     | Student Date of Birth     | Student's School |
| Parent/Guardian Name (print)  |  | Parent/Guardian Signature |                  |
| Home Address  | City                                     | State                     | Zip Code         |
| Parent's telephone number   | Parent's alternative phone/mobile number |                           |                  |
| Do you have a pediatrician or family doctor that your youth sees regularly?         | Yes                                      | No                        |                  |
| If no, do you use a community clinic or urgent care for medical services as needed? | Yes                                      | No                        |                  |

Pediatrician or Primary care Physician

Physician phone number

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## MEDICAL QUESTIONNAIRE

**CONFIDENTIAL**

Please fill out the form completely. Heart conditions are affected by a number of variables. Answering honestly will help doctors accurately assess your cardiac health.

| STUDENTS NAME (PRINT)  | DATE OF BIRTH | PLEASE INDICATE STUDENT'S SCHOOL   |
|--|---------------|--|
| <b>Student's Medical History</b>   |               | <b>Student's Current Condition</b><br>Please circle all that apply. Leave blank if none apply.<br><br>If you have chest pain or pressure—<br>When?<br>Resting    Walking    Exercise<br><br>If you experience skipped heartbeats—<br>When?<br>Resting    Walking    Exercise<br><br>If you experience a fast heartbeat—<br>When?<br>Resting    Walking    Exercise<br><br>If you experience shortness of breath—<br>When?<br>Resting    Walking    Exercise<br><br>If you experience ankle or leg swelling—<br>When?<br>Resting    Walking    Exercise<br><br>If you feel light-headed or dizzy—<br>When?<br>Resting    Walking    Exercise<br><br>If you experience fainting or seizure—<br>When?<br>Resting    Walking    Exercise<br><br><b>Are there any known heart conditions for anyone in your family?</b><br><b>Yes    No</b><br><br>If yes, please explain who it was, and what the heart condition was.<br><br>_____<br><br>_____ |
| Are you allergic to latex?   | Yes    No     |  |
| Have you ever been told to limit your participation in sports?<br>If yes, why? _____   | Yes    No     |  |
| Have you ever been told you have high blood pressure?<br>If yes, when? _____           | Yes    No     |  |
| Have you ever been told you have a heart condition?<br>If yes, what? _____             | Yes    No     |  |
| Have you had any chronic illnesses?<br>If yes, what? _____                             | Yes    No     |  |
| Have you had any injuries?<br>If yes, please list: _____                               | Yes    No     |  |
| Have you been hospitalized or visited an emergency room?<br>If yes, please list: _____ | Yes    No     |  |
| Have you had any surgeries?<br>If yes, what and when? _____                            | Yes    No     |  |
| Are you currently taking any prescription medication?<br>If yes, what? _____           | Yes    No     |  |
| <b>Student's Social History</b>  |               |  |
| Have you ever used performance enhancing drugs and/or supplements?                     | Yes    No     |  |
| Do you drink energy drinks?  | Yes    No     |  |
| <b>Family Medical History</b>  |               |  |
| Has anyone developed heart disease under the age of 50?                                | Yes    No     |  |
| Has anyone died from heart disease under the age of 50?                                | Yes    No     |  |
| Has anyone had unexplained fainting or seizures?                                       | Yes    No     |  |
| Has there been any unexplained, or unexpected deaths before 50?                        | Yes    No     |  |



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## SCREENING EVALUATION

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STUDENT'S NAME

DATE OF BIRTH

SCREENING DATE

**Evaluation** (to be completed by Olivia's Heart Project)

ECG

Normal

Abnormal

Notes:

ECHO

Normal

Abnormal

Notes:

Medical Questionnaire Review

Normal

Abnormal

Notes:

Follow-up Call

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TO WHOM

DATE

Records Sent

---

TO WHOM

DATE

Screening within range

Needs further review

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**TO BE COMPLETED BY DOCTOR**

Dear Parent,

Thank you for your participation. We found your child's results to be within normal limits.

This screening does not substitute for a regular on-going relationship with a primary care physician, who is attuned to your child's medical history and any changes in health status. No screening can identify 100% of the individuals at risk for a sudden cardiac event.

We encourage you to continue to have yearly physicals, and discuss any concerns or changes in your child's health with your primary physician. If you have further questions about your child's health, please contact your physician.

Thank you,

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Olivia's Heart Project

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PHYSICIAN



## 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 physician. Your child's physician will determine the need for further testing and treatment.

### **How soon should I have my child see a physician?**

If your child's EKG result shows further evaluation is needed, you should have your child examined by your family physician within two weeks of being notified of the results of the screening EKG.

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

No. 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 your child needs additional follow-up, you can bring a copy of the EKG and health history to your doctor, or we can send an advance copy to them when you provide us with the contact information.

### **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 expressed written 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. 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.

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## YOU CAN HELP SAVE A LIFE

Thank you for being a part of our mission to raise awareness of sudden cardiac arrest among parents, educators, and physicians.

Until EKGs are a standardized part of well-child exams and pre-participation sports physicals, we will continue to seek out heart anomalies that unknowingly put kids at risk.

The cardiac screenings we offer are free, but we are a nonprofit 501(c)(3) Foundation (Tax ID # 46-2466469) that relies solely on donations to continue our mission to screen every teen in Kern County.

### WHAT A SCREENING COSTS US



Any support you can give will help us prevent losing more teens to Sudden Cardiac Arrest. We urge you to stay informed, volunteer and donate.

We accept secure donations anytime through: [www.OliviasHeartProject.org](http://www.OliviasHeartProject.org). Checks, cash, and credit cards are also welcome on the day of the screening.

With your help, we can create a heart safe place to learn and play.

#### SHARE

Our free screenings are open to any teen age 12 to 24. Tell family, friends, neighbors and co-workers how to prevent a tragedy that could be a heartbeat away.

#### RETURN

As your youth age, bring them to one of our free screenings noted on our website, or ask your school to partner with us to host a screening.

#### VOLUNTEER

Our screenings are 100% supported by volunteers, including every member of our medical team. You can sign up on our website: [www.OliviasHeartProject.org/volunteer](http://www.OliviasHeartProject.org/volunteer)

#### GIVE

These cardiac tests would typically cost between \$90 and \$1,500. With your generous support, our free screenings are less than a doctor's visit co-pay.

### DONATION OPTIONS

I would like to support your efforts. Enclosed is my check payable to **Olivia's Heart Project** for the amount of \$ \_\_\_\_\_

Mail to:

Olivia's Heart Project  
PO Box 22346  
Bakersfield, CA 93390  
Tax ID #46-2466469

To donate by credit card, please visit [www.OliviasHeartProject.org](http://www.OliviasHeartProject.org) to access our secure payment system or we also can accept credit cards at the event.

Thank you for your support.

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