



MERCY HEALTH

Student Heart Screening Consent Form

Name of Student: _____

PROGRAM GOALS:

Mercy Health Heart and Vascular in conjunction with Mercy Health Physician Partners West Shore Cardiology is offering a community-based screening program for high school students.

Cardiovascular pre-participation screening is the systematic practice of medically evaluating large, general populations of high school students for the purpose of identifying or raising suspicion of abnormalities that could provoke disease progression or sudden death (AHA Scientific Statement 2007). The purpose of the screening is to attempt to identify any pre-existing heart conditions that could potentially increase the student’s risk of vigorous physical activity and/or athletic competition.

SCREENING PROCEDURES:

I understand that the screening questionnaire and tests offered by Mercy Health (MH) and Mercy Health Physician Partners West Shore Cardiology (MHPP WSC) do not diagnose cardiac disease, and that any sign or symptom found means that my child needs further medical evaluation (full history, physical examination and diagnostic testing) to determine the cause of the sign or symptom. Additionally, I understand that MH/MHPP WSC will notify me of the findings. I understand that MH/MHPP WSC will not provide any further tests or follow-up care without a medical professional order or referral after this screening. I also understand that it is my responsibility to arrange for my child’s follow-up care if indicated, and that this screening is not a substitute for a complete pre-activity/athletic competition evaluation by my child’s physician.

I understand that the Program will be conducted at the Hackley Campus Youngberg Auditorium, and I consent to my child receiving the following screening evaluation:

- **Medical History**– Pre-printed questionnaire– Completed by parents prior to screening day.
- **Vital Sign Monitoring**– Clinical staff will obtain blood pressure, height and weight if needed.
- **Electrocardiogram (ECG)**– Performed at rest with patches placed on surface of skin. The test maps the rate, rhythm and function of the heart, and prints a tracing for physician review and interpretation.
- **Physician Review** – A physician will review the screening findings as described above and perform a limited physical examination. The physician may recommend a limited echocardiogram.
- **Echocardiogram**– This test will be performed at the direction of the evaluating physician; it will not be performed on each student. An echocardiogram is an ultrasound image created by using a Doppler wand across the chest skin.

I understand that a written report of the screening findings will be mailed to our home and not our primary care physician. I agree that MH/MHPP WSC are not responsible to arrange for any further tests or care for my child, and has made no guarantees or promises to me related to the screening provided. I agree that data obtained from the screening will be stripped of personal identifiers and submitted to a central repository for research purposes.

Signature of Legal Representative

Date

Phone Number

Address

City, State, Zip Code

STUDENT ASSENT:

I am a willing participant in the Student Heart Screening Program offered by Mercy Health.

Signature of Student

(Date)