Heart Screening Packet

Dear Parent and Participant:

Thank you for being part of our mission to raise awareness of Sudden Cardiac Arrest (SCA) through teen heart screenings. We’ve screened thousands of teens and have identified 1 in 100 with an undetected heart abnormality so we’re glad you’re participating.

Dr. John Rogers, a San Diego area cardiologist and president of the San Diego Sudden Cardiac Arrest Association, will be joined by a volunteer medical team of doctors, nurses and medical technicians to screen your teen. The process takes about an hour, and you can expect to get the results of the screening within three to four weeks. We strongly urge you to share the results of your screening with your own family doctor to establish a baseline that will become a part of your teen’s medical chart.

The following forms must be completed and brought to the screening with a stamped, self-addressed (business size) envelope.

☑ NO ONE WILL BE SCREENED WITHOUT THE SIGNED FORMS LISTED BELOW

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

On the day of the screening, participants 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 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:

1. Review of medical history questionnaire
2. ECG 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)
3. Some participants may also have a limited echocardiogram (ultrasound) of their heart

A simple ECG, 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 ECG 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.

The Eric Paredes Save A Life Foundation

About Eric Paredes  Eric was a healthy Steele Canyon High School sophomore athlete who died suddenly and unexpectedly from Sudden Cardiac Arrest (SCA) in 2009. His parents, Hector and Rhina Paredes, established EP Save A Life Foundation to honor Eric through their commitment to prevent this tragedy from reoccurring. Eric’s foundation provides free screenings to youth to identify cardiac anomalies that may lead to SCA, with the ultimate goal of standardizing cardiac screenings among our youth. A 501(c)(3) nonprofit organization.
Screening Evaluation

All Participants Being Screened will complete Stations 1-5. Station 6 evaluations will be determined by Cardiologist.

Station 1  Registration  Station 4  ECG (Electrocardiogram)
Station 2  Medical Questionnaire Review  Station 5  Cardiologist Interview
Station 3  CPR/AED Demonstration and Practice  Station 6  Echocardiogram (if indicated by cardiologist)

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<tr>
<th>PARTICIPANT’S NAME</th>
<th>DATE OF BIRTH</th>
<th>SCREENING DATE</th>
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**Evaluation (to be completed by EP Save A Life Foundation)**

**ECG**

☐ Normal  ☐ Abnormal

**ECHO**

☐ Normal  ☐ Abnormal

**MEDICAL QUESTIONNAIRE REVIEWED**

☐ Normal  ☐ Abnormal

☐ Follow-up Call

TO WHOM  DATE

☐ Records Sent

TO WHOM  DATE

☐ Screening Within Range

☐ Needs Further Review
Cardiac Screening Permission And Waiver

I, the undersigned, ☐ GIVES Permission, ☐ DOES NOT give permission for my child, (name) ________________________, 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 “Cardiac Screening”). The Cardiac Screening will be conducted by independent health care personnel and other volunteers working together with the Eric Paredes Save A Life Foundation. 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 ECG or EKG) 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, the Eric Paredes Save A Life Foundation may contact me to discuss the information obtained as a result of today’s Cardiac Screening.
☐ No, I do not want to be contacted in the future about the information obtained as a result of today’s Cardiac Screening.

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 check-ups 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.

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 Eric Paredes Save A Life Foundation, 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 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, legatees, administrators and personal representatives.

I understand that all of the 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 of the Cardiac Screening have been disclosed to the student and/or the parent(s), all of the medical information obtained will be de-identified via the removal of personally identifiable information. I give consent that the remaining anonymized data can be collected by the Eric Paredes Save A Life Foundation or its designees and that it may be used for medical and/or academic research purposes.

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.

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<tr>
<th>SCREENING DATE</th>
<th>PARTICIPANT’S NAME (PRINT)</th>
<th>DATE OF BIRTH</th>
<th>PLEASE INDICATE STUDENT’S SCHOOL (IF APPLICABLE)</th>
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<tr>
<th>PARENT/GUARDIAN NAME (PRINT)</th>
<th>PARENT/GUARDIAN SIGNATURE</th>
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<tr>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tr>
<th>PARENT’S TELEPHONE NUMBER</th>
<th>PARENT’S ALTERNATE TELEPHONE/CELL NUMBER</th>
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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

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<th>PEDIATRICIAN OR PRIMARY CARE PHYSICIAN</th>
<th>TELEPHONE NUMBER</th>
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FOR OFFICE USE

REVIEWED BY:

PM8 79, 2514 Jamacha Road, Suite 502 • El Cajon, California 92019 • ericsavealife@gmail.com • EPSaveALife.org
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.

To be completed by parent/self (if over 18)

Participant’s Medical History
Is your child allergic to latex? □ Yes □ No
Has your child ever been told to limit his/her participation in sports? □ Yes □ No
If yes, why? ______________________________________________________

Has your child ever been told that he/she has high blood pressure? □ Yes □ No
If yes, when? ______________________________________________________

Has your child ever been told that he/she has a heart condition? □ Yes □ No
If yes, what? ______________________________________________________

Has your child ever had a chronic illness? □ Yes □ No
If yes, what? ______________________________________________________

Has your child had any injuries? □ Yes □ No
If yes, please list: __________________________________________________

Has your child ever been hospitalized or visited an emergency room? □ Yes □ No
If yes, please list: __________________________________________________

Has your child had any surgeries? □ Yes □ No
If yes, please list: __________________________________________________

Is your child taking any prescription medication? □ Yes □ No
If yes, please list: __________________________________________________

Family Medical History
Has anyone in your family developed heart disease under the age of 50? □ Yes □ No
Has anyone in your family died from heart disease under the age of 50? □ Yes □ No
Any unexplained, or unexpected deaths in your family under the age of 50? □ Yes □ No
Has anyone in your family suffered from unexplained fainting or seizures? □ Yes □ No
Are there any known heart conditions for anyone in your family? □ Yes □ No
If yes, please explain who it was, and the heart condition ______________________

________________________________________________________________
________________________________________________________________

Completed by □ participant □ parent

Participant’s Social History
Have you ever used performance enhancing drugs, high-caffeine energy supplements or diet pills? □ Yes □ No
Do you drink energy drinks? □ Yes □ No

Participant’s Current Condition
Please check all that apply.
If you have chest pain or pressure—When?
□ Resting □ Walking □ Exercise □ None

If you experience skipped heartbeats—When?
□ Resting □ Walking □ Exercise □ None

If you experience a fast heartbeat—When?
□ Resting □ Walking □ Exercise □ None

If you experience shortness of breath—When?
□ Resting □ Walking □ Exercise □ None

If you experience unexplained fatigue—When?
□ Resting □ Walking □ Exercise □ None

If you feel light-headed or dizzy—When?
□ Resting □ Walking □ Exercise □ None

If you experience fainting or seizure—When?
□ Resting □ Walking □ Exercise □ None

You must bring this form to the screening.

FOR OFFICE USE

REVIEWED BY:

Eric Paredes
SaveALife Foundation

PMB 79, 2514 Jamacha Road, Suite 502 • El Cajon, California 92019 • ericsavealife@gmail.com • EPSaveALife.org
Dear PARENT'S NAME

Thank you for your participation. We found your 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 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 health with your primary physician. If you have further questions about your student’s health, please contact your physician.

Thank you,

John Rogers, MD

OTHER PHYSICIAN
Frequently Asked Questions About Heart Screenings

What happens at a screening?
The participant being screened arrives at the location at a pre-registered time (walk ups are always welcome after 10 a.m.) with completed paperwork downloaded from epsavealife.org/register. For participants under 18 years of age, if a parent signs the consent form in advance they are not required to be present. If paperwork and consent form is completed at the screening, a parent must be present for any adolescent under the age of 18. All screening participants will complete Stations 1-5. The cardiologist determines Station 6 evaluations.

Station 1 Registration
Station 2 Medical Questionnaire Review
Station 3 CPR/AED Demonstration and Practice
Station 4 ECG (Electrocardiogram)
Station 5 Cardiologist Interview
Station 6 Echocardiogram (if indicated by cardiologist)

What is an ECG?
An ECG 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 chest, legs and arms.

What is an echocardiogram?
When indicated by our cardiologist, we will do a limited echocardiogram (ultrasound of the heart). This takes about 5-10 minutes and is specifically focused on identifying heart abnormalities relevant to the youth age group we are screening. Our main objective is to rule out Hypertrophic Cardiomyopathy. But we also check for atrial septal defects/shunts, right ventricular dysfunction, evidence of Marfan Syndrome and valvular disease. Coronary artery distribution is attempted although due to technical limitations, coronary artery’s are not always well visualized. Because this is a “screening” no ultrasound images are saved. If abnormalities are found, our cardiologist will contact a parent/participant and a formal echocardiogram would be suggested through your own physician.

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 physician. You must contact your physician to determine the need for further testing and treatment.

How soon should I see a physician?
If the screening result shows further evaluation is needed, you should be examined by your family physician within two weeks of being notified of the results of the screening ECG.

Will my youth get both an ECG and an echocardiogram at the screening?
Not all youth get both an ECG and an echo at our screening. The decision is made at the discretion of our cardiologist. Because we have the capability to look deeper than an ECG, we refer about 30% of the participants to our echo room to evaluate the heart from another perspective. Getting an echo is not a confirmation there is a heart problem.

Will a diagnosis be made on the results of the screening?
NO. A clinical diagnosis can only be made incorporating the ECG findings with a history and physical performed by your own physician. If you are told additional follow-up is needed, you can bring a copy of the ECG and health history to your doctor, or we can send an advance copy to them when you provide us with the contact information.

Will 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 the cardiac screening ECG findings 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 ECG screenings will result in “false positive” findings. A false positive ECG indicates a defect may exist, but further testing shows there is no problem. We realize that this may cause some anxiety. We believe that the benefit of this potentially life-saving screening outweighs this concern.

If the cardiac screening is within normal limits, does this mean that the heart is healthy?
An ECG can only detect 60% of those at risk for sudden cardiac death. There are some conditions that cannot be detected with an ECG. Until further testing is available this is the best tool to detect those at risk. This ECG is a supplement to your physician’s evaluation and should be given to your physician for your medical files.

If my ECG is within normal limits, does it need to be repeated again in future years?
This ECG is meant to be a baseline to compare with future ECG evaluations. Current international recommendations are to repeat the ECG every other year through age 25.

What if I need additional privacy?
We want to assure you that students’ confidentiality, privacy and individual modesty will be respected throughout all aspects of the program. If more privacy is needed, please notify EP Save A Life medical volunteers for referral to the neutral screening room.
We want to keep the tragedy of losing a child to SCA from happening to other families.

Whether you are one of the thousands who have participated in our cardiac screenings... one of the dozens found at risk for SCA...or are simply someone interested in how you can save a life, thank you for being a part of our mission to raise awareness of Sudden Cardiac Arrest. Here’s how you can help.

Share your screening experience within your circle so others will come. Host a screening for your school or sports team. Volunteer to be a part of our lay or medical team at one of our upcoming screenings. And Give, so that we can provide for free the cardiac tests that typically cost between $90 and $1,500.

What a Screening Costs Us

$20 + $5,000 + $50,000
Per Teen ECG Machine Echocardiogram

Established in 2010, the Eric Paredes Save A Life Foundation is a nonprofit 501 (c)(3) organization (Tax ID 80-0636157). Your tax deductible donation supports our free heart screenings, education and outreach. Please consider making a donation in one of the following ways. For more information visit https://epsavealife.org/donate/. We also accept donations at the screening event.

PayPal

We use PayPal to accept secure donations. You do not need an account to give.

Save A Heart Gala

Proceeds from our annual gala directly support our free youth heart screenings.

Donate by Mail

Checks are paid to EP Save A Life Foundation, PMB 79, 2514 Jamacha Rd., Ste. 502, El Cajon, CA 92019

Better Giving

As a Valued Partner, we accept donations through the San Diego Foundation.

We post special campaigns to raise money for specific needs that help us protect young hearts.

Save A Life

If your company participates in Workplace Giving, write in EP Save A Life as your beneficiary.

United Way

Shop the same products on Amazon Smile, and Amazon donates .5% of your purchases back to us.

Amazon Smile

Runners, cyclists, triathletes and endurance athletes can support us while training for your next event.

Frunraise

Runner, cyclists, triathletes and endurance athletes can support us while training for your next event.

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