Cardiac Risk Assessment Questionnaire

☑ **You must bring this form to the screening.**

CONFIDENTIAL

Please thoughtfully complete the form. Heart conditions are affected by a number of variables. Answering questions honestly will help doctors accurately assess your cardiac health.

Parents and youth under age 18 should complete the form together. Youth over 18 should consult their parent or family member for extended family heart history.

PARTICIPANT'S NAME (PRINT) DATE OF BIRTH

☐ MALE ☐ FEMALE

PARTICIPANT'S AGE SEX AT BIRTH

Race (check all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other

STAFF USE ONLY (will be taken at screening): Blood Pressure_____/_____

PARTICIPANT'S MEDICAL AND SOCIAL HISTORY

Have you had COVID?	Yes	No	Unsure
If so, were you hospitalized?	Yes	No	
Do you currently have any symptoms you did not have before having COVID, like chest pain,shortness of breath or fatigue (very tired)?	Yes	No	
Do you have any ongoing medical illness?	Yes	No	
Have you ever been diagnosed with asthma?	Yes	No	
Do you have sickle cell disease or sickle trait?	Yes	No	
Do you have any active heart problems?	Yes	No	
Have you been told you have a heart murmur?	Yes	No	
Have you been restricted from exercise due to a heart problem?	Yes	No	

Please list any other medical problems

_____

_____

_____

Have you ever had any of the following? (check all that apply)

☐ Kawasaki Disease ☐ High blood pressure ☐ Long QT Syndrome
☐ Rheumatic Fever ☐ Congenital heart disease ☐ Cardiomyopathy
☐ Myocarditis ☐ Heart rhythm problem ☐ Marfan Syndrome
☐ Cholesterol problem ☐ Wolff Parkinson White (WPW) ☐ Prior heart surgery

Do you currently take any of these types of medication? (check all that apply)

☐ Asthma ☐ Blood Pressure ☐ Anxiety/Depression
☐ Heart problem ☐ ADD/ADHD ☐ Seizure

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Do you take any of these supplements? (check all that apply)

- ☐ Energy drinks — If yes, how many per day/week?_____
- ☐ Performance enhancing supplements — If yes, how many per day/week?_____
- ☐ Diet pills — If yes, how many per day/week?_____

Do you get chest pain or pressure?

☐ Resting ☐ Walking ☐ Exercise ☐ None

Do you get tired more easily than others?

☐ Resting ☐ Walking ☐ Exercise ☐ None

Do you get very short of breath (not asthma)?

☐ Resting ☐ Walking ☐ Exercise ☐ None

Does your heart race or skip beats?

☐ Resting ☐ Walking ☐ Exercise ☐ None

Have you ever passed out, or nearly passed out?

☐ Resting ☐ Walking ☐ Exercise ☐ None

Have you ever felt light-headed or dizzy?

☐ Resting ☐ Walking ☐ Exercise ☐ None

Have you ever had a seizure?	Yes	No	
Do you play a team sport?	Yes	No	Which Sport/s?_____
Do you exercise more than 4 hours per week?	Yes	No	

PARTICIPANT'S FAMILY HISTORY

For questions about relatives, please include information about the participant's extended family, including siblings, parents, aunts, uncles, cousins and grandparents.

Are you adopted?	Yes	No	Unsure
Has any relative under age 40 developed heart disease?	Yes	No	Unsure
Has any relative under age 40 died suddenly from a heart problem?	Yes	No	Unsure
Has any relative under age 40 had a sudden cardiac arrest?	Yes	No	Unsure
Has a relative died from SIDS (Sudden Infant Death Syndrome)?	Yes	No	Unsure
Any unexplained or unexpected deaths for anyone in your family?	Yes	No	Unsure
Any relative die from drowning or unexplained care accident?	Yes	No	Unsure
Has any relative suffered from unexplained fainting or seizure?	Yes	No	Unsure

Cardiac Screening Permission And Waiver

You must bring this signed form to the screening.

Print name in **ALL CAPITAL** letters

SCREENING DATE **PARTICIPANT'S LAST NAME** *(all capital letters)* **FIRST NAME** **DATE OF BIRTH** **must be age 12–25**, *no exceptions*

I, the undersigned, GIVE permission for my child (under 18 years old)/myself to voluntarily participate in the Eric Paredes Save a Life Foundation (The Foundation) cardiac screening (Cardiac Screening). A medical questionnaire will be reviewed, an electrocardiogram will be done and an echocardiogram may be performed at the Cardiac Screening. The Cardiac Screening will be conducted by independent health care personnel and other volunteers working together with the 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/myself participate in this 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. 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/myself health or physical condition. This is not a diagnostic study and is not intended to replace regular check ups with my child's/my physician. I further understand and acknowledge that I or another parent/guardian should discuss any abnormal results with my child's /my 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 personal physician before any diagnosis or treatment is considered.

In order to have the Cardiac Screening performed on my child/myself and to participate in a 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, as well as 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/myself 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/my participation in this program will be kept confidential and will not be retained or used by the screening facility. Once the results of the Cardiac Screening have been disclosed to the participant, 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.

☐ 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

By attending this event you hereby consent to the possibility of having your photo, likeness or video posted publicly and/or on social media. This is done in good taste with the intent of educating other families about the opportunity to get a preventative youth heart screening.

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 CITY STATE ZIP

PARENT/GUARDIAN SIGNATURE DATE

Participants 18–25 Consent:

NAME OF PARTICIPANT (PRINT) EMAIL **TELEPHONE NUMBER**

HOME ADDRESS CITY STATE ZIP

PARTICIPANT'S SIGNATURE DATE

PARTICIPANT'S PRIMARY CARE PHYSICIAN TELEPHONE NUMBER

FOR OFFICE USE

REVIEWED BY:

Medical Results

Print name in **ALL CAPITAL** letters

PARTICIPANT'S LAST NAME | FIRST NAME | SCREENING DATE

Dear Participant and/or Parent:

You were (or your child was) screened today during an event sponsored by the Eric Paredes Save a Life Foundation.

A screening is only a small window into the health and the well being of the heart. The American Heart Association recommends a heart screen be performed a minimum every two years. Please continue to monitor your heart health and contact your physician if you/your child develop any of these symptoms: shortness of breath, chest pain, heart palpitations, light headedness, or passing out.

Overall, your screening results today were:

☐ **Normal**—This includes your heart health history and ECG.

☐ **Normal after Echocardiogram**—This means something on your history and/or ECG suggested more testing was needed. An Echocardiogram was performed and was normal.

☐ **Normal screen but follow-up recommended**—All testing performed at the heart screen was normal, but something on your evaluation requires follow-up with a physician (see comments below).

☐ **Abnormal**—This indicates that something was abnormal on your history, ECG or Echocardiogram that requires additional testing and/or follow-up with your physician or a cardiologist (see comments below).

☐ Please contact your doctor to report the findings of this screening

Comments:

Thank you for your participation.

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 to discuss any concerns or changes in your health with your primary physician. If you have further questions about your child's/your health, please contact your physician.

Dr. John Rogers

After the screening, to request a digital copy of the ECG, go to epsavealife.org/contact and select the **red REQUEST ECG** button. Please note this non-profit foundation is staffed largely by volunteers. As such, please allow 14 days to receive results via email.

ERIC PAREDES SAVE A LIFE FOUNDATION