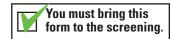
Cardiac Risk Assessment Questionnaire



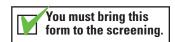
CONFIDENTIAL

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.

doctors accurately assess your cardiac health.					
Parents and youth under age 18 should complextended family heart history.	18 should consult their parent or family member for				
I confirm the participant does not have a pro	o evieting boort condition we are	overs of in	not hoing fall	owing by a gardi	alogist for a known
neart condition, or have a pending appointment	e-existing near condition we are a with a cardiologist.	awaie ui, is i	not being folio	DWIIIY DY a Calul	ologist for a known
ALDTIGIDALITIC ALLAST (ROLLT)			DATE	E DIDTU	
PARTICIPANT'S NAME (PRINT)				IF BIRTH	
PARTICIPANT'S AGE		☐ MALE ☐ FEMALE ☐ NONBINARY SEX AT BIRTH			
AITIGILANT 3 AGE			JLA AI	DIIIII	
Hispanic/Latino 🔲 Yes. 🔲 No					
Race (check all that apply)					
American Indian or Alaska Native Asi	an Black or African American	☐ Native H	Hawaiian or P	acific Islander [☐ White ☐ Other
STAFF USE ONLY (will be taken at screening):	Blood Pressure	/			
PARTICIPANT'S MEDICAL AND SOCIAL HIS	TORY				
Have you had COVID?		Yes	No	Unsure	
f so, were you hospitalized?		Yes	No		
Do you currently have any symptoms you did	not have before having COVID,				
ike 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? (che	_				
Kawasaki Disease	☐ High blood pressure			2T Syndrome	
Rheumatic Fever	Congenital heart disease		☐ Cardio	omyopathy	
Myocarditis	Heart rhythm problem		☐ Marfa	ın Syndrome	
Cholesterol problem	☐ Wolff Parkinson White (WP)	W)	Prior h	neart surgery	
Do you currently take any of these types	of medication? (check all that	apply)			
Asthma	☐ Blood Pressure		☐ Anxie	ty/Depression	
Heart problem	☐ ADD/ADHD		Seizur		
•	A				



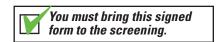
Cardiac Risk Assessment Questionnaire



Do you take any of the	ese supplements? (d	heck all that apply)					
☐ Energy drinks ☐ Performance enhancing supplements		If yes, how many per day/week?					
		If yes, how many pe	er day/week	:?			
☐ Diet pills		If yes, how many pe	er 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 asthr	na)?					
Resting	☐ Walking	☐ Exercise	None				
Does your heart race	or skip beats?						
Resting	☐ Walking	☐ Exercise	None				
Have you ever passed	d out, or nearly pass	ed out?					
Resting	Walking	☐ Exercise	□None				
Have you ever felt ligh	nt-headed or dizzy?						
Resting	Walking	Exercise	None				
Have you ever had a seizure? Yes No							
Do you play a team spor				Yes		Which Sport/s?	
Do you exercise more than 4 hours per week?				Yes	No		
PARTICIPANT'S FAMIL							
For questions about rela	•			int's exten	ded fa	amily,	
including siblings, parer	nts, aunts, uncles, cou	sins and grandpare	nts.				
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?		m?	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



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 <u>independent health care personnel</u> 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 Z	P	
PARENT/GUARDIAN SIGNATURE		DATE		
Participants 18–25 Consent:				

Participants 18–25 Consent:			
NAME OF PARTICIPANT (PRINT)	EMAIL		TELEPHONE NUMBER
HOME ADDRESS	CITY	STATE	ZIP
PARTICIPANT'S SIGNATURE		DATE	

	FOR OFFICE USE
PARTICIPANT'S PRIMARY CARE PHYSICIAN TELEPHONE NUMBER	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 S	ave a Life Foundation.	
A screening is only a small window into the health and performed a minimum every two years. Please continu these symptoms: shortness of breath, chest pain, hear	e to monitor your heart health and con	tact your physician if you/your child develop any of	
Overall, your screening results today were:			
\square Normal —This includes your heart health history and	nd ECG.		
☐ Normal after Echocardiogram —This means son was performed and was normal.	nething on your history and/or ECG sug	gested more testing was needed. An Echocardiogram	
□ Normal screen but follow-up recommended—requires follow-up with a physician (see comments		reen was normal, but something on your evaluation	
☐ Abnormal —This indicates that something was about and/or follow-up with your physician or a cardiolog		diogram that requires additional testing	
$\hfill\Box$ 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 changes in health status. No screening can identify 10		• • • • • • • • • • • • • • • • • • • •	
We encourage you to continue to have yearly physicals have further questions about your child's/your health,	,	es in your health with your primary physician. If you	
Dr. John Rogers			
	. ,	CG, go to epsavealife.org/contactore this non-profit foundation is	t



staffed largely by volunteers. As such, please allow 14 days to receive results via email.