



KEVSF ID Number: _____

COMMUNITY HEART SCREENING AGREEMENT TO PARTICIPATE IN HEART SCREENING

The KEVS Foundation, Inc. is offering a heart-screening program for students. Medical personnel at the event will review the information from each participant. The identity of the screening participants and information obtained in the screening program will remain confidential and available only to The KEVS Foundation and the physicians helping at the event. The screening program may include:

1. Medical History Questionnaire
2. Blood Pressure
3. Physical examination
4. Electrocardiogram (ECG-measures electrical activity in the heart)
5. Echocardiogram (Echo- an ultrasound picture of the heart)

Data Collection, Analysis and Reporting

The data collected related to your heart screen will be reviewed by medical personnel participating in our event and may be used in an aggregate form (no name or identifiers) as part of a research study on heart screening in the young. In agreeing to your heart screen, you understand and provide permission that the information collected about you during the screening process, including the information contained in your medical Heart Health Survey, and heart testing, will be reviewed by medical personnel and can be included (in de-identified form) in a research study.

Medical personnel will provide you with a summary of the results of your screening and may recommend additional evaluation through follow-up with your physician or a specialist. By agreeing to participate in the program, if so indicated you give permission to The KEVS Foundation and medical personnel to provide your screening results to your physician or cardiologist, and you authorize your physician to share the results and diagnosis of any subsequent testing with The KEVS Foundation.

I hereby give my permission for images of my child and/myself, captured during a youth heart screening through video, photo or digital camera, to be used solely for the purposes of The KEVS Foundation promotional material and publications, and waive any rights of compensation or ownership thereto.

I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I agree to be a voluntary participant in the heart screening, and in connection therewith, I consent to the release of information obtained in connection with the screening as describe above. I understand that The KEVS Foundation will not disclose my identity to any third party without my consent. I understand that I may withdraw from the screening. I further agree to hold the KEVS Foundation, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against The KEVS Foundation and their directors, officer and volunteers as respects process and results of this free heart screening.

Date: _____

Signature of Participant

Parental/Guardian Consent for Participants under the Age of 18:

As parent/guardian of the above minor participant, I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I grant permission for my child to participate in the cardiovascular screening. I consent to the release of information in connection with the screening as described above. I understand The KEVS Foundation will not disclose my child's identity to any third party without my consent. I understand that I may withdraw my child from the screening or follow-up at any time without penalty.

Date: _____

Signature of Parent/Guardian

KEVSF ID Number: _____



HEART HEALTH SURVEY

CONTACT INFORMATION:

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Home Phone: _____ Mobile Phone: _____

School Student Attends: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

*Your email will be added to the KEVS Foundation, Inc. database for future newsletters and event updates;
We will NOT provide or sell your email address to third parties for marketing purposes.*

KEVS Foundation is providing this low cost heart screening for a minimum donation of \$35.00 requested. This helps to defer screening costs, and enable future community screening events. Larger donations are always appreciated!

These cardiac tests would typically cost between \$500.00 and \$2,000.00. With your generous support, our screenings are less than the typical doctor visit co-pay.

Donations are tax deductible, and can be made by cash or check payable to: KEVS Foundation

If you would like donate by credit card this is also possible, please consider adding 4% to your donation to cover our cost for this convenience.

KEVSF ID Number:_____

Please complete the following questions regarding the individual being screened:

DEMOGRAPHICS:

Age:_____ Gender: Male Female

Race/Ethnicity: (check all that apply)

African-American/Black

Caucasian/White

Hispanic/Latino

Asian/Pacific Islander

Native American

Other: please specify:_____

SPORTS & PHYSICAL ACTIVITY:

1. Do you play on an organized sports team or compete in an individual sport?

Yes No

If yes, what Level: Club/Select

Recreational/Intramural

High School

College

Professional

If yes, what sport(s) do you play? (check all that apply):

Baseball

Golf

Skiing

Basketball

Gymnastics

Squash

Cheer

Hockey

Swimming/Diving

Cross Country

Lacrosse

Tennis

Cycling

Marital Arts

Track

Football

Rowing

Volleyball

Fencing

Rugby

Wrestling

Frisbee

Soccer

Softball

Other:_____

2. Exercise and physical activity per week. On average I get....(Check One)

More than 10 hours of exercise or physical activity per week

5-10 hours of exercise or physical activity per week

2-5 hours of exercise or physical activity per week

Less than 2 hours of exercise or physical activity per week

KEYSF ID Number: _____

PAST MEDICAL HISTORY

Do you have any ongoing medical illnesses? Yes No

If yes, what illness? Asthma ADHD Diabetes High Blood Pressure

Other: _____

Are you taking ANY medication? Yes No

If yes, what medication? _____

Heart Health Questions	YES	NO
1. Do you get chest pain when you exercise?		
2. Have you ever passed out during or immediately after exercise?		
3. Do you have difficulty breathing or unexplained fatigue during exercise that is new or getting worse?		
4. Does your heart ever "race" (suddenly beat fast) without good reason?		
5. Have you ever had a seizure?		
6. Have you ever been diagnosed with: (if yes, check all that apply) <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Infection <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Another heart problem <input type="checkbox"/> Kawasaki Disease		
7. Has a doctor ever ordered a test for your heart? (example: ECG/EKG, or echocardiogram)		
8. Has anyone in your family died from a heart problem before the age of 50?		
9. Has anyone in your family died suddenly for an unknown reason before the age of 50 (including sudden infant death syndrome (SIDS), unexplained car accident, or drowning)?		
10. Does anyone in your family have any of the following medical problems: Hypertrophic cardiomyopathy, dilated cardiomyopathy, Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), Long QT Syndrome, Short QT Syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT), Brugada Syndrome, or Marfan Syndrome? (If YES, please circle)		