Dear Students and Families,

Beaumont’s Student Heart Check program is free and combines a simple health history with a noninvasive screening to look for signs of hypertrophic cardiomyopathy, a serious heart condition that is the leading cause of sudden cardiac death in young athletes. HCM affects approximately one in 500 people, and does not usually have any symptoms. The stress on the heart during strenuous activities puts our students at higher risk for sudden cardiac death.

Please make sure to complete the necessary paperwork (attached) and return it with your child on the day of the screening. Required forms include:

- student/athlete medical history questionnaire
- program consent – must be signed by guardian
- Beaumont media consent (please complete even if opting out)

IMPORTANT: It costs our program $25 per registered teen whether you show up or not. We urge you to attend so we can continue to offer this free service. If you are unable to make your appointment, please cancel early by emailing Jennifer.Shea@Beaumont.org. This allows us to offer the appointment to another student.

On the day of the screening, teens should wear a t-shirt and comfortable pants/shorts. Females should wear a regular bra (sports bras are not recommended). We want to assure you that your student’s confidentiality, privacy, and individual modesty will be respected throughout all aspects of the program. Parents are encouraged to participate in the Hands Only CPR/AED education and other informational health tables while waiting for their teens.

The screening is completely painless and non-invasive (no needles or X-ray exposure). Here’s how it works:

- A Beaumont cardiologist will review the student’s medical history questionnaire and listen to the student’s heart with a stethoscope.
- The student will receive an EKG screening where small patches with a mild adhesive are placed on their chest, legs and arms. Electrodes are then attached to the patches and the heart’s electrical activity is recorded.
- A small amount of gel is applied to the student’s chest for the screening echocardiogram, where sound waves are used to provide the cardiologist with a moving picture of the heart.
- Each student learns how to perform hands only CPR and how to use an AED.

Please direct all questions to Jennifer Shea at 248-551-5707 or jennifer.shea@beaumont.org.

Sincerely,

Beaumont’s Student Heart Check Team
Student Heart Check Program Consent

Student’s name ___________________________________________

Program goals:
Beaumont Health System, through its Heart and Vascular Services Department, 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 athletes prior to participation in sports 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 consent:
I understand that the screening examination and tests offered by Beaumont 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 Beaumont will notify me of the findings. I understand that Beaumont 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 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 and review medical history information

- Electrocardiogram (ECG): Performed at rest with patches placed on surface of skin. The test maps the rate, rhythm and functions of the heart, and prints a tracing for physician review and interpretation.

- Physician review and examination: A physician will review the screening findings as described above and perform a limited physical examination.

- Echocardiogram (quick look): A screening echocardiogram is an ultrasound image created by using a Doppler wand across the chest.

I understand that a written report of the screening findings will be provided at the end of the screening. I agree that Beaumont is 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.

Printed Name:______________________________   Signature:______________________________

Address: _________________________________   Date: ________________________________
# Health History Questionnaire

Student's Name ___________________________________________ Birthdate _______________________
Height ______________________ Weight ______________________ Gender ________________________

1. Has it been more than two years since you had a physical exam that included a blood pressure reading and listening to your heart? | YES | NO
---|---|---
2. Has a physician or your parents ever told you that you have a heart murmur? | YES | NO
3. Has a physician ever suggested that you not participate in athletic competition? | YES | NO
4. Have you had chest pain/pressure, dizziness or racing or “skipped beats” at rest or with exercise? | YES | NO
5. Have you ever fainted or passed out during exercise or after having been startled? | YES | NO
6. Have you ever fainted or passed out after exercise? | YES | NO
7. Have you ever been told that you have high blood pressure, high cholesterol or diabetes? | YES | NO
8. Have you ever been diagnosed with unexplained seizures or exercise-induced asthma? | YES | NO
9. Do you use, or have you ever used, cocaine or anabolic steroids, or do you smoke? | YES | NO
10. Has anyone in your family had sudden, unexpected death before age 45? | YES | NO
11. Has anyone in your immediate family had unexplained fainting or seizures? | YES | NO
12. Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart or Marfan syndrome? | YES | NO
13. What sport(s) do you plan on playing? ____________________________________________________________

If the answer to any of the above questions is yes, please give more details: ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Answered by:

_______________________________________________  ______________________________________________
Student Signature     (date)  Parent/Guardian Signature   (date)
AUTHORIZATION FOR PATIENT PHOTOGRAPHY, RECORDINGS AND/OR INTERVIEWS

I authorize and grant to William Beaumont Hospital (“Beaumont”) and/or any of its divisions, affiliates or agents the right to: (check all that apply)

☐ Take and/or publish photographs or audio/videotape recordings of me and/or my minor child and/or other person, for whom I am the legal representative.

☐ Interview, disclose and/or publish information about me and/or my minor child or other person for whom I am the legal guardian about care as a patient at Beaumont including diagnosis, nature and/or extent of injuries or illness.

The photographs, audio/video recordings and/or information can be used in:

☐ Beaumont internal or external publications, including press releases and web sites;

☐ Beaumont advertising, marketing or fundraising materials

☐ Allow the news media or other third parties to interview and/or make photographs or recordings and publish or broadcast (without right of review) personal health information concerning care at Beaumont provided to me and/or my minor child, and/or other person, for whom I am the legal representative.

1. I hereby waive all rights, including, but not limited to copyright, that I may have to any claims for payment or royalties in connection with the use of these recordings and/or interviews, and agree that these items shall at all times be the property of Beaumont, including copyright, or the news media or other third parties to whom they are released.

2. I hereby release Beaumont or any of its divisions, affiliates, medical staff, directors, employees or agents from any and all liability including any claims of libel or invasion of privacy, directly or indirectly connected with, arising out of, or resulting from these recordings and/or interviews.

3. I understand that news media and other third parties are not covered by federal privacy regulations and that the information described above will likely be re-disclosed and no longer protected by the federal privacy regulations or State law.

4. I understand that I am not required to sign this Form and refusing to sign will not affect care needed. Also, I have the right to request cessation of recording or interviewing at any time. I also understand that I may exercise my right to revoke this authorization in writing at any time, except to the extent that action has been taken by Beaumont in reliance on this authorization, by sending a written revocation to: William Beaumont Hospital, Privacy Officer, 3601 W. Thirteen Mile Rd., Royal Oak, MI 48073.

This authorization is indefinite, unless limited for: ____________________ (period of time).

Student's Name_________________________________________________________
Student's School: _______________________________________________________
Student's Address:_______________________________________________________
City, State, Zip: _________________________________________________________
Phone: _________________________E-mail: _________________________________
Signature of student:________________________________ Date:______________
(if student is 18 years of age or older)

Parent or legal guardian signature: (if student is under 18 years of age)

Parent or legal guardian's name:____________________________________________
________________________________ Date

If signed by someone other than parent/guardian, please describe the nature of the relationship: