



Dear Parents,

Ascension, Providence Hospital is pleased to offer the Student Heart Screening program. Any student, ages 13-19, with parent/guardian authorization may participate in the Student Heart Check Screening Program. Please note that the Michigan High School Athletic Association, MHSAA, **does not require** a cardiac screen for high school athletes at this time.

The process for the optional Student Heart Check Screening Program:

- Together with a parent/guardian, the student completes a short questionnaire (located on reverse side) to screen for potential cardiac precursors such as family history, chest pain, and shortness of breath during activity, etc. **The screening form must be signed by a parent/guardian.**
- The prevention screening will include:
  - Medical Health Assessment
  - Blood Pressure
  - Body Mass Index
  - Electrocardiogram (EKG)
  - Echocardiogram, quick look echo (if clinically indicated)
- **All** students in need of additional testing will receive a recommendation for evaluation and will be referred to a St. John Pediatric Cardiologist. Although we will facilitate an appointment with a Ascension, St. John Providence Cardiologist, you may choose to follow-up with your own family physician or pediatrician for this step of the process. Any follow up appointment will most likely result in an additional cost to you.
- Medical information will only be released to the parent/guardian unless a Medical Release form is signed to allow a third-party access to the information.
- No additional fee or pre-registration required for the Student Heart Check
- The EKG will not be read by the physician or staff at the time of the screening.
- As with any health related topics, we recommend you discuss the cardiac screening opportunity with your family physician or pediatrician.

Sincerely,

Anne Nearhood, Coordinator of Mobile Unit Program  
Anne.nearhood@ascension.org  
(586) 381-1603



STUDENT HEART CHECK PROGRAM

CARDIAC SCREENING QUESTIONNAIRE

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Student's Pediatrician/Primary Care Physician \_\_\_\_\_

- 1. Has your physician ever told you that you have a heart murmur? Y N
2. Has your physician ever discouraged you from participating in athletic competition? Y N
3. Have you ever experienced chest pain/pressure/tightness, dizziness or racing or "skipped beats" at rest or with exercise? Y N
4. Have you ever experienced light-headedness or passed out during exercise or after having been startled? Y N
5. Do you get more tired or short of breath more quickly than your teammates during exercise? Y N
6. Have you ever fainted or passed out after exercise? Y N
7. Have you ever been told that you have high blood pressure, high cholesterol or diabetes? Y N
8. Have you ever been diagnosed with unexplained seizures or exercise-induced asthma? Y N
9. Has anyone in your family had sudden, unexpected death before age 50? (including drowning, unexplained car accident, or sudden infant death syndrome?) Y N
10. Does anyone in your family under the age of 50 have a heart problem, pacemaker, or implanted defibrillator? Y N
11. Have you or anyone in your immediate family had unexplained fainting or seizures? Y N
12. Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart, arrhythmias (irregular heart rhythm), or Marfan syndrome? Y N
13. If you answered "yes" to any of the above, are you already being monitored and/or treated by your physician for it? Y N
14. If "yes" to any of the above questions, please provide more information:

Answered/Completed by:

Parent/guardian signature Date Student signature Date

Student requires further Cardio testing: Yes \_\_\_\_\_ No \_\_\_\_\_

Findings upon physical exam: \_\_\_\_\_