



503-216-2088 • [www.PlaySmartGetScreened.org](http://www.PlaySmartGetScreened.org)

Play Smart ID: \_\_\_\_\_

The goal of Play Smart™ is to screen young people for serious cardiovascular abnormalities that might otherwise not be identified in typical pediatric evaluations. No screening program will identify all abnormalities.

The American Heart Association Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes include a screening questionnaire and a physical examination to identify aspects of a person's health that could potentially signal a cardiovascular problem. Symptoms and physical examination findings may include chest pain/discomfort with exertion, unexplained fainting or near-fainting, particularly during or immediately after exercise, excessive and unexplained fatigue associated with exercise, a heart murmur, and/or high blood pressure. A family history of sudden cardiac death, unexplained death of younger individuals, or specific structural or electrical cardiac abnormalities may also be associated with an increased risk. Any of these signs or symptoms as well as a concerning family history should be discussed with your primary care provider apart from this screening to determine any additional appropriate evaluation and/or treatment.

Please complete the questionnaire on the next page. At your Play Smart™ screening, you will be asked your height and weight. Your blood pressure will be measured and an electrocardiogram (ECG) will be performed. A copy of your electrocardiogram will be given to you after the screening. **You will receive an email with your results within one week of your screening.** Depending on your results, you may be recommended to schedule a screening ultrasound of your heart (echocardiogram) or follow up with your primary care provider. If you do undergo a screening echocardiogram and it is abnormal, we will provide you with a digital copy of your ultrasound test to share with your doctor. We will not contact your school or physician with your screening results.

ATTENTION  
Please bring these forms 2 pages  
front and back filled out on :  
April 16 or 17th

To the Gym



**For Office Use Only**

Play Smart ID: \_\_\_\_\_ BP: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

Male  Female

Date of birth: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Check all that apply:

African-American/Black

Caucasian/White

Native American

Asian/Pacific Islander

Hispanic/Latino

South Asian

Other (please specify): \_\_\_\_\_

**(1) Where do you go to school?** \_\_\_\_\_

Not applicable

**(2) Do you either play on an organized sports team or compete in an individual sport?**

Yes  No

If yes, what level:  Recreational/Intramural  Club/Select  School  College  Professional

**(3) On average, how many hours of exercise or physical activity do you get each week? (Check one)**

More than 10  5-10  2-5  Fewer than 2

**(4) How did you hear about Play Smart™?**

Family, friend, co-worker: \_\_\_\_\_

Physician (name): \_\_\_\_\_

School, school staff (which?): \_\_\_\_\_

Coach, team (name): \_\_\_\_\_

TV, radio, internet, newspaper, mailer, flyer (which?): \_\_\_\_\_

Other: \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

**PHYSICIAN NAME:** \_\_\_\_\_

No specific physician

Physician address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Physician Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



## **AGREEMENT TO PARTICIPATE IN HEART SCREENING**

Providence Heart and Vascular Institute is offering a heart screening program for young adults age 12-18. The information obtained from participants will be reviewed by medical personnel at the event. The identity of the screening participants will remain confidential and available only to Providence Health & Services and the medical personnel helping at the event. The screening program may include:

1. Medical History Questionnaire
2. Blood pressure
3. Electrocardiogram (ECG)
4. Echocardiogram (an ultrasound picture of the heart)

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 names 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 questionnaire, will be reviewed by medical personnel and can be included 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 specialist. By agreeing to participate in the program, if so indicated you give permission to Providence Health & Services and medical personnel to provide your screening results to your physician.

### **Consent for Participants Age 18:**

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 participant in this heart screening, and in connection therewith, I consent to the release of information obtained in connection with the screening as described above. I understand that Providence Health & Services 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 Providence Health & Services, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against Providence Health & Services and their directors, officers and volunteers as respects process and results of this free heart screening performed on this day.

Providence reserves the right to provide a copy of the patient's medical history questionnaire and electrocardiogram to the patient's primary physician. I authorize Providence Health & Services to provide a copy of my assessment to my pediatrician/physician at the following address:

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\_\_\_\_\_  
**Date**                      **Printed Name of Participant**                      **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 this cardiovascular screening. I consent to the release of information in connection with the screening as described above. I understand Providence Health & Services 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. I further agree to hold Providence Health & Services, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against Providence Health & Services and their directors, officers and volunteers as respects process and results of this free heart screening performed on this day.

Providence reserves the right to provide a copy of the patient's medical history questionnaire and electrocardiogram to the patient's primary physician. I authorize Providence Health & Services to provide a copy of my child's assessment to his/her pediatrician/physician at the following address:

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\_\_\_\_\_  
**Date**                      **Printed Name of Participant**                      **Signature of Parent/Guardian**



# Free Heart Screenings for Young People

*Because we all have a stake in the game*

Chances are your child's heart is healthy—and yet a small percentage of young people have hidden heart defects that put their lives at risk, especially during physical exertion.

Play Smart offers a painless, noninvasive screening to check the heart health of young people 12 to 18 years of age.

## **Play Smart screenings – Newberg High School**

**Date: April 16th and 17th. Bus provided to/from CV.  
All student see PE teachers for consent forms**

The screening includes:

- Electrocardiogram (EKG)
- Blood pressure reading
- Height and weight check
- Echocardiogram, if needed

Questions: 503-554-5363  
Annie Berger RN

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