



STUDENT HEART SCREENING HISTORY QUESTIONNAIRE

STUDENT PARTICIPATION AND PARENT APPROVAL

NAME OF PRIMARY CARE PHYSICIAN THAT YOU WANT RESULTS SEND TO:

ATHLETIC HEART SCREENING: Our goal is to educate and increase cardiac awareness among our student athletes. To do this we are adding a heart screening questionnaire to the standard IHSA Sports Physical. It is very important the questionnaire is completed honestly for this screening process to work. We need students to understand this and not fear not being able to play. The majority of disorders likely to cause cardiac problems can be suggested or identified by an EKG. Usually only 4% require follow up. The EKGs will be read by an SIU Pediatric Cardiologist and results sent to _____ and the Primary Care Provider if requested. We suggest that your primary care doctor retain a copy for future comparison if needed.

Student Name

Birthdate

Height _____ Weight _____ Gender M | F

School _____

Sports you plan to play: _____

- Has it been more than 2 years since you had a physical exam that included a blood pressure reading and listening to your heart? **YES | NO**
- Have your parents or has a physician ever told you that you have a heart murmur? **YES | NO**
- Has a physician ever suggested that you not participate in athletic competition? **YES | NO**
- Have you had chest pain/pressure, dizziness, or racing or "skipped beats" at rest or with exercise? **YES | NO**
- Have you ever fainted or passed out during exercise or after having been frightened or surprised? **YES | NO**
- Have you ever fainted or passed out after exercise? **YES | NO**
- Have you ever been told that you have high blood pressure, high cholesterol or diabetes? **YES | NO**

If yes, which one? _____

- Have you ever been diagnosed with unexplained seizures or exercise-induced asthma? **YES | NO**
- Do you use or have you ever used cocaine, anabolic steroids, or other drugs? **YES | NO**
- Do you use tobacco products? **YES | NO**
- Do you consume energy drinks? **YES | NO**
- Has anyone in your family had sudden, unexpected death before the age of 45? **YES | NO**
- Has anyone in your immediate family had an unexplained fainting or seizures? **YES | NO**
- Has a physician diagnosed anyone in your family with an abnormally thickened, weakened heart or Marfan syndrome? . . . **YES | NO**

If an EKG is recommended after reviewing this questionnaire with your medical provider, it will be provided at no cost.

Signature of patient or parent/guardian if under 18 years old

Signature of Athletic Trainer

What to expect when you get an EKG: A technician will attach 10 electrodes with adhesive pads to the skin of your chest, arms, and legs. Males may need to have chest hair shaved to allow a better connection. During the test you'll lie flat while a computer creates a picture, on graph paper, of the electrical impulses that move through your heart. It takes about 10 minutes to attach the electrodes and complete the test, but the actual recording takes only a few seconds.

Have you had any surgeries? **YES | NO**
If yes, list surgeries here: _____
