

Record Number: _____

ATHLETE / STUDENT CARDIOVASCULAR QUESTIONNAIRE
April, 2010, Anthony Bates Foundation Heart Screening, Surprise, AZ

NAME _____ AGE _____ MALE _____ FEMALE _____
DATE OF BIRTH _____ GRADE _____ SCHOOL _____
HEIGHT _____ WEIGHT _____ RACE: Black _____ Hispanic: _____ White: _____ Asian: _____ Indian: _____ Other: _____
HOUSE-HOLD INCOME: \$ up to 20,000 _____ \$20k - \$50,000 _____ \$50K - \$75,000 _____ \$75k - 100,000 _____ Above \$100k _____
CHECK SPORTS (S) PARTICIPATION: Competitive Athlete: Yes: _____ No: _____
____ Baseball _____ Basketball _____ Cheerleading _____ Cross Country _____ Football _____ Golf
____ Tennis _____ Song/Dance _____ Soccer _____ Softball _____ Track/Field _____ Swimming
____ Diving _____ Waterpolo _____ Wrestling _____ Volleyball _____ Other _____

PARENT - PLEASE ANSWER SECTIONS I AND II AS WELL AS III QUESTIONS 1 - 16

PAST HISTORY

Has the Student/Athlete:

Been hospitalized overnight? Yes _____ No _____
Had any chronic illness? Yes _____ No _____
What Illness? _____
Taken medication including over-counter meds or inhalers? Yes _____ No _____
What Medication? _____
Had any surgery? Yes _____ No _____
What surgery? _____
Had any serious medical illness? Yes _____ No _____
What medical illness? _____
Had any allergies? Yes _____ No _____
What allergies? _____
Had any psychiatric illness? Yes _____ No _____
Been told to limit participation in sports? Yes _____ No _____
Why? _____

CURRENT STATUS

Is the Student/Athlete:

Under the active care of a physician? Yes _____ No _____
For what illness? _____
Taking any medication? Yes _____ No _____
What medication? _____
Overweight for height / age? Yes _____ No _____
Drinking alcohol? Yes _____ No _____
Smoking cigarettes? Yes _____ No _____
Performance enhancing agents? Yes _____ No _____

Record Number: _____

CARDIAC SIGNS / SYMPTOMS / HISTORY

- | | | |
|--|---------|--------|
| 1. Become dizzy or passed out during exercise? | Yes ___ | No ___ |
| 2. Become dizzy or passed out without exercise? | Yes ___ | No ___ |
| 3. Develop chest pain, shortness of breath or wheezing? | Yes ___ | No ___ |
| 4. Become tired more quickly than peers during exercise? | Yes ___ | No ___ |
| 5. Been told that he / she has a heart murmur or heart disease? | Yes ___ | No ___ |
| 6. Been told that he / she has skipped heartbeats or racing heartbeats? | Yes ___ | No ___ |
| 7. Has anyone in the family developed heart disease or died
from heart disease under the age of 40? | Yes ___ | No ___ |
| 8. Do you get any discomfort in your chest when you are active? | Yes ___ | No ___ |
| 9. Compared to other classmates, do you tire easily when exercising? | Yes ___ | No ___ |
| 10. Been told you have high blood pressure? | Yes ___ | No ___ |
| 11. Chest pain or pressure: When? (walking, resting, or anytime) | Yes ___ | No ___ |
| 12. Palpitations: When? (walking, resting, or anytime) | Yes ___ | No ___ |
| 13. Shortness of Breath: When? (walking, resting, or anytime) | Yes ___ | No ___ |
| 14. Ankles / Leg Swelling: When? (walking, resting, or anytime) | Yes ___ | No ___ |
| 15. Unusual Fatigue: When? (walking, resting, or anytime) | Yes ___ | No ___ |
| 16. Light-headed / dizzy: When? (walking, resting, or anytime) | Yes ___ | No ___ |

Street Address _____

City: _____ **St:** _____ **Zip:** _____

Home Telephone: (_____) _____

**THIS SECTION TO BE COMPLETED BY THE ATHLETE (PARENT) BEFORE
CARDIOVASCULAR SCREENING.**

DO YOU WANT A COPY OF THE RESULTS TO BE SENT TO YOUR FAMILY PHYSICIAN? Yes ___ No ___

Name of Physician _____

Address of Physician _____

Physician's City: _____ **State** _____ **Zip** _____

Physician Telephone (_____) _____

Record Number: _____

ANTHONY BATES FOUNDATION CARDIOVASCULAR SCREENINGS

AGREEMENT TO PARTICIPATE IN CARDIOVASCULAR SCREENING

The Anthony Bates Foundation ("Anthony") is promoting a cardiovascular screening program to education athletes on cardiovascular disease and as an advocate to cardiac health. Anthony will gather clinical information obtained from participants in the cardiovascular screening program designed for review by medical personnel at this event. The confidentiality of the identity of the screening participants obtained in the screening program will be preserved. The screening program may include:

1. Medical History Questionnaire
2. Blood pressure/Arterial Elasticity
3. Echocardiogram
4. Electrocardiogram

Data Collection, Analysis and Reporting

The data collected related to your cardiovascular lifestyle screening used for the review of the medical personnel participating in our event will be used in an aggregate form (no names attached) in national data bank reporting. In agreeing to your cardiovascular screening, you understand that the information collected about you during the screening process, including the information contained in your medical health history questionnaire, will only be used in the assessment by the medical personnel at the cardiovascular screening. Medical personnel may provide you with the results of your initial screening and recommend ways to improve your medical condition through follow-up care, treatment and education.

By agreeing to participate in the program, you are giving your permission to Anthony to provide your screening and medical history to your family physician or cardiologist upon request. Further, you authorize your physician to share the screening results and diagnosis with Anthony. This information will be used in the aggregate form data ONLY.

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 cardiovascular screening, and in connection therewith, I consent to the release of information obtained in connection with the screening as described above. I understand that Anthony 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 Anthony, all physicians, technicians, volunteers, and all other persons, entities individuals and organizations involved in the screening program harmless and waive all subrogation rights against Anthony their directors, officers and volunteers as respects process and results of this free cardiac screening performed on this day. I understand that the cardiac portion of this test is to evaluate for Hypertrophic Cardiomyopathy, HCM, the leading cause of sudden cardiac arrest of young people in the USA.

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 this cardiovascular screening. I consent to the release of information in connection with the screening as described above. I understand the Anthony 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