

CONSENT AND RELEASE STATEMENT

I request that selected health screening tests be performed for my child by the organization participating in the High School Sports Physical under the auspices of the Palo Alto Medical Foundation (PAMF).

I understand that a cardiac screening for my child will consist of an Electrocardiogram and possible Echocardiogram and that if a parent cannot be personally present for the cardiac screening a parent will be available that day by phone if needed at the following number:

_____.

I release PAMF and other participating organizations, their agents, and directors, from any or all liability arising from any incident, act of omission or commission which may arise during cardiac screening or other examination/tests, or from the transmittal or use of the data derived from these tests. I understand that:

- The information derived from all screenings and examinations are preliminary, subject to error, and are not conclusive. No results should be interpreted as eliminating the need for appropriate professional medical care. **Screening values do not stand alone and must be interpreted by your personal physician in the context of your medical history.**
- The responsibility for initiating any follow-up examination with a physician for suspected abnormalities identified by the health screening is yours alone, not that of any sponsor, participating organization, or the organization listed above, and that your failing to do so as recommended may result in serious consequences or illness.
- The results will **not** be sent to your private physician; it is up to you to contact your physician with results.

By my signature below, I acknowledge that I have read and understood the above information and I am consenting to cardiac screening for my child.

PLEASE PRINT

CHILD'S NAME AND STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

PRINT PARENT NAME _____

PARENT SIGNATURE _____ DATE _____

I choose to opt-out of the cardiac screening for my child.

PRINT PARENT NAME _____

PARENT SIGNATURE _____ DATE _____

Electrocardiogram

Test Overview

An electrocardiogram (EKG or ECG) is a test that checks for problems with the electrical activity of your heart; translates the heart's electrical activity into line tracings on paper. The spikes and dips in the line tracings are called waves. A natural electrical system causes the heart muscle to contract and pump blood through the heart to the lungs and the rest of the body.

Why It Is Done

An electrocardiogram checks the heart's electrical activity.

- ❖ Find the cause of unexplained chest pain.
- ❖ Find the cause of symptoms of heart disease, such as shortness of breath, dizziness, fainting, or rapid, irregular heartbeats (palpitations).
- ❖ Find out if the walls of the heart chambers are too thick (hypertrophied).
- ❖ Check the health of the heart when other diseases or conditions are present, such as high blood pressure, high cholesterol, cigarette smoking, diabetes, or a family history of early heart disease.
- ❖ A Cardiologist will review the electrocardiogram and if needed he will order an echocardiogram.

Echocardiogram

Test Overview

An echocardiogram (also called an echo) is a type of test that uses high-pitched sound waves, then bounce off the different parts of your heart. These echoes are turned into moving pictures of your heart that can be seen on a video screen.

If your child does need an Echo done, we can do one at the school site with a portable device, free of charge.

At our Main Clinic, in the Cardiology department on the fourth floor, the address is:
2025 Soquel Avenue Santa Cruz, CA 95062 Department phone: 831-458-5820 Main phone:
831-423-4111