



**Screening Location:**

Aspire Rural Health System  
Hills & Dales Healthcare  
4675 Hill Street  
Cass City, MI 48726

# Teen Heart Screening Event

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Dear Families,

We want to make you aware of a screening program developed by Beaumont Hospital for student's ages 13 thru 18. Our Student Heart Screening Program combines a simple health history and noninvasive screening to look for signs of hypertrophic cardiomyopathy (HCM). This is a serious heart condition that is the #1 cause of sudden cardiac death in young athletes. HCM affects approximately one in 300 people, and does not usually have any symptoms. The stress on the heart during strenuous activities puts our students at higher risk for sudden death.

Students will undergo a quick screening that will include a review of the health history questionnaire (page 2) that you will need to complete at home. An electrocardiogram (ECG) will be performed. A physician will evaluate each student. The doctor will listen to the student's heart and if issues are found or suspected a parent discussion will take place with suggested instructions by the physician.

To participate in this Heart Screening event you will need to complete the attached paperwork and return it with your child on the day of the screening. If forms are missing or incomplete, we will be unable to screen your child. Please note that screenings take a minimum of 15-30 minutes.

The Forms Are:

1. Completed Student/Family Health History Questionnaire—to be completed by both student and parent and signed by both.
2. Consent to Treatment Form signed by a parent

The data we collect may be used by researchers from the Thomas Smith Memorial Foundation to add to the scientific knowledge of sudden cardiac arrest in youth. The data will be reported anonymously. Student privacy and confidentiality will be maintained.

Sincerely,  
Thomas Smith Memorial Foundation

Questions? Call Mary E. Smith 810-223-7457 or [Mary@TommysHeart.org](mailto:Mary@TommysHeart.org)



*Clinical  
Staff  
use  
only.*

Height	_____
Weight	_____
B/P	_____
2nd B/P	_____

## HISTORY QUESTIONNAIRE

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

Gender \_\_\_\_\_ School \_\_\_\_\_ Physician \_\_\_\_\_

1. Has it been more than two years since you had a physical exam that included a blood pressure reading and listening to your heart?	YES	NO
2. Has a physician or your parents ever told you that you have a heart murmur?	YES	NO
3. Has a physician ever suggested that you not participate in athletic competition?	YES	NO
4. Have you had chest pain/pressure, dizziness, racing, or "skipped beats" at rest or with exercise?	YES	NO
5. Have you ever fainted or passed out during exercise or after having been startled?	YES	NO
6. Have you ever fainted or passed out after exercise?	YES	NO
7. Have you ever been told that you have high blood pressure, high cholesterol, or diabetes?	YES	NO
8. Have you ever been diagnosed with unexplained seizures or exercise-induced asthma?	YES	NO
9. Do you use or have you ever used cocaine or anabolic steroids, or do you smoke?	YES	NO
10. Has anyone in your family had sudden, unexpected death before age 50?	YES	NO
11. Has anyone in your immediate family had unexplained fainting or seizures?	YES	NO
12. Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart or Marfan syndrome?	YES	NO
13. Have you ever used an inhaler?	YES	NO
14. Do you cough after exercise?	YES	NO
15. What sport(s) do you plan on playing?		
16. Did you have COVID 19?	YES	NO
17. Did you receive a COVID 19 Vaccine?	YES	NO
18. How did you hear about this screening?		

If the answer to any of the above questions is yes, or if you have heart concerns—please give more details:

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**Student's Name** \_\_\_\_\_

**Program Goals:**

The purpose of the screening is to attempt to identify any pre-existing heart conditions that could potentially increase the student's risk when participating in physical activity and/or athletic competition.

**Screening Consent:**

In consideration of your participation in this health screening, you, on behalf of yourself and your children, hereby agree to assume all risks of injury or death to your child. You also understand that the results of the evaluation are intended to be used for educational purposes only and are not designed to replace the care or advice of a medical provider. Neither Thomas Smith Memorial Foundation nor any physician, staff, or volunteer is liable for any health consequences resulting from your child's participation in this program or is responsible for ensuring that you or your child have consulted with a physician regarding any recommendations you may receive as a result of the participation. **YOU HEREBY RELEASE THE PROGRAM AND ALL OF ITS PERSONNEL AND AGENTS FROM ANY AND ALL DAMAGES AND CLAIMS CAUSED BY OR RESULTING FROM YOUR PARTICIPATION IN THIS HEALTH SCREENING.** This release shall also be binding upon your heirs, executors, and administrators.

I consent to my child receiving the following screening evaluation:

- **Review of Medical History forms**
- **Electrocardiogram (ECG aka EKG)** — Performed at rest with patches placed on surface of skin. The test maps the rate, rhythm & functions of the heart & prints a tracing for physician review and interpretation.
- **Physician Review and Examination** — A physician will review the screening findings as described above and perform a limited physical examination.
- **2D Echocardiogram** - if needed.
- I understand that a printout of the ECG/EKG report will be provided. The results will not be sent to a healthcare provider on my behalf. I agree that I am fully responsible to arrange for any further tests or care for my child, and has made no guarantees or promises to me related to the screening provided.
- The permission to perform this health screening is given voluntarily and extends to all screening personnel, including volunteers.

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Signature

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Date

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Address

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Phone #

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Email

# Teen Heart Screening Event

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## FREQUENTLY ASKED QUESTIONS

**Q. What is Hypertrophic Cardiomyopathy?**

Hypertrophic Cardiomyopathy (HCM) is a condition that causes the heart muscle to become thickened, making it harder for the heart to pump blood effectively. This may prevent the heart from getting enough blood and oxygen during exercise, which could trigger a cardiac arrest and death.

**Q. What is the cause of Hypertrophic Cardiomyopathy?**

The actual cause of HCM is not known, however it is commonly an inherited condition that results in genetic defects that control growth of the heart muscle.

**Q. What are common symptoms of Hypertrophic Cardiomyopathy?**

Not everyone with HCM will demonstrate signs or symptoms of the disorder. However, symptoms associated with HCM include chest pain, dizziness, fainting, heart failure, hypertension (high blood pressure), lightheadedness, skipping or racing heart, shortness of breath (with activity or when lying down), and fatigue.

**Q. How can Hypertrophic Cardiomyopathy be detected?**

Initial signs of HCM can be detected through an electrocardiogram (ECG aka EKG). In those with an ECG suggestive of HCM, further medical tests will be needed from the family physician.

**Q. What is an electrocardiogram (ECG/EKG)?**

An ECG or also known as an EKG is a painless test that evaluates the electrical activity of the heart. It is a short test, taking only minutes to perform. Tracings of the electrical activity of the heart are obtained by having trained personnel attach electrodes to the chest, which are connected to the ECG machine via lead wires. These wires help transmit the electrical activity back to the ECG machine and transform the electrical impulses into waveforms. These waveforms can then be evaluated for abnormalities by the physician.

**Q. What happens if the screening results for my child come back abnormal?**

A report of the screening results will be sent home to the student's parents or guardian for you to share with your family physician. If an abnormality is found that results in a "Stop" activity recommendation, the parents will be notified and consulted immediately by the physician.

**Q. How can such valuable tests be offered at no charge?**

This program can be provided at no cost to the students due to the volunteer efforts of the physicians and staff. In addition, philanthropic donations from the Thomas Smith Memorial Foundation have provided funds for the purchase of equipment and supplies needed for the screening.

Donations are always accepted to keep this program going @ [www.TommysHeart.org/donate](http://www.TommysHeart.org/donate)