



EKG SCREENING WAIVER

Patient Name: _____ **Date of Birth:** _____

Does your child take any medications for ADHD/ADD? If so which one(s) _____

Does your child participate in any of the following sports? No Yes Please circle all that apply:

Does your child or close relatives have any known cardiac problems? No Yes Problem: _____

- | | | | |
|--------------------|------------|------------------------------|-------------|
| Baseball/Softball | Football | Soccer | Wrestling |
| Basketball | Golf | Swimming | Other _____ |
| Cheerleading/POM's | Gymnastics | Tennis | |
| Dance | Hockey | Track and Field/Crosscountry | |
| Diving | Lacrosse | Volleyball | |

An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures the electrical activity of the heart and can detect some, but not all, heart abnormalities leading to sudden cardiac death. An EKG can sometimes indicate the presence of abnormalities which later testing determines are within normal limits.

There is no known risk associated with receiving an EKG. There is a possibility of minor skin irritation and redness where the electrodes were placed.

I understand that my child's participation in the EKG screening is intended to identify heart abnormalities which may affect her/his health during physical activity. I assume all risks associated with my child's participation in the cardiac screening.

As a result of the screening, I may be advised to seek follow-up testing or treatment for my child by a Cardiac specialist.

If EKG is performed as part of a Sports Physical, the screening fee is included in the \$75 charge.

Some insurance companies do not cover all aspects of healthcare, and sometimes do not cover expenses associated with screening tools. By circling "yes" below, you are accepting responsibility for any uncovered expenses associated with this \$30 screening.

Please CIRCLE one option below:

Option 1: **YES** I want to have a screening EKG performed on my child

Option 2: **NO** I do not wish to perform this screening test at today's visit.

Parent Signature _____ Date: _____