



*January 31, 2019*

Dear Parents,

Sarah Bush Lincoln Health Center and the Rotary Athletic Heart Screening program is pleased to once again provide a free heart screen for high school sophomore athletes on Saturday, April 6, 2019, from 8 a.m. - 12 noon at SBL's Heart Center. This painless and harmless screening is intended to detect undiagnosed heart problems, which in the heat of competition could injure your child. It is not a complete cardiac work up.

This free service, which has been offered to sophomores for many years, has detected heart abnormalities in a number of students. Although most abnormalities were minor, some have been quite significant and required treatment. I encourage you to please allow your child to participate in this valuable program. If you have questions about the heart screen program, don't hesitate to contact me at the school, or call the SBL Heart Center.

This program includes collecting health history and performing a physical specifically targeted to detect at-risk athletes. In addition, an electrocardiogram will be performed which will enable dangerous electrical abnormalities of the heart to be detected in addition to cardiomyopathy.

Please complete the original student participation form/parental approval form, registration form, and health history worksheet. Forms cannot be copied and completed due to the barcode feature on the forms. Be sure and fill out the original forms in detail and remember to sign them.

Return the forms to my office by **Friday, March 1, 2019.**

**What do you do after you return the form?** Between 8:30 a.m. - 3:30 p.m., March 25th through March 29th, call Jeri in the Sarah Bush Lincoln Health Foundation at 217-258-2511 to schedule an appointment for your child.

March 1st: Forms due to Athletic Director  
March 15th: Forms due to Sarah Bush Lincoln  
March 25-29: Parents call SBL Health Foundation to schedule screenings  
April 6th: Athletic Heart Screen Day

For more information, visit [www.sarahbush.org](http://www.sarahbush.org) and search for Rotary Athletic Heart Screen. Thank you for your cooperation.

Sincerely,

Athletic Director





*Rotary Athletic Heart Screening  
April 6, 2019*

Name of Student (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_



**WE MUST HAVE THE INFORMATION LISTED BELOW**

Name of Family Physician (please print): \_\_\_\_\_

Physician Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Name of Parents (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_





Name: \_\_\_\_\_ Age: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Sex:  Male  Female

School: \_\_\_\_\_ Sports: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health history:** (cardiac related) please check Yes or No for the questions below.

- Yes:  No: Problems with heart / blood pressure?
- Yes:  No: Chest pain with exercise?
- Yes:  No: Dizziness or fainting with exercise?
- Yes:  No: Any Surgeries? If yes, what kind:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family history:** (cardiac related) please check Yes or No for the question below.

- Yes:  No: Has a family member died suddenly at less than 50 years of age of causes other than an accident?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Person Completing Form

\_\_\_\_\_  
Date

