



February 10, 2020

RE: Andrew Gombczynski Big Heart Foundation (AGBHF) Athletic EKG Screening

Dear Athletic Director,

Please find enclosed the registration materials for your athletes to participate in the Andrew Gombczynski Big Heart Foundation Athletic EKG screening program, sponsored by St. Anthony's Memorial Hospital and the AGBHF on **Saturday March 7th**.

For this screening, we'll have an RN obtain an electrocardiogram (EKG) and blood pressure. These EKGs will be sent to SIU for reading by a pediatric cardiologist who specializes in cardiac care for those under the age of 18.

Please note that the program requires this packet of paperwork to be fully completed and signed. ***Completed and signed packets must be returned to you by Monday, February 21st*** and Stephanie will pick them up.

We'll additionally need to have contact with the parent/guardian for them to give verbal consent for the athlete to participate in this screening. Registration colleagues from St. Anthony's will call the parent/guardian to obtain this consent and they'll pre-register the athlete at that time. **Those calls will occur between February 26th and March 3rd. If the parents prefer, they can call in during that time to give consent. The number to call is 217-347-3518 between 7am and 3 pm.**

Please do not hesitate to contact Stephanie Uebinger at 217-240-0877 with any questions. We look forward to seeing your athletes and welcome the opportunity to work with you further.

Sincerely,

Theresa Quinn
Director of Cardiovascular Services
St. Anthony's Memorial Hospital

Stephanie Gombczynski Uebinger
Chairperson
Andrew Gombczynski Big Heart Foundation



February 10, 2020

Dear Parents,

St. Anthony's Memorial Hospital in conjunction with the Andrew Gorbczynski Big Heart Foundation (AGBHF) is providing a free EKG and blood pressure screening for high school athletes on Saturday, March 7th. This painless and harmless test is intended to screen for possible undiagnosed heart problems, which in the heat of competition could injure your child. Please note it is not a complete cardiac work up and is only a screening. We'll have an RN perform an electrocardiogram (EKG) and blood pressure. These EKGs will be read by a pediatric cardiologist from SIU who specializes in cardiac care for those under the age of 18.

This free service is being offered to high school-aged sophomores (and junior/senior athletes who have not already participated). Although detecting an abnormality is rare; some could be quite significant and require treatment. I encourage you to allow your child to participate in this valuable program. If you have any questions about this screening, please feel free to contact me at school.

Please note that the program requires this packet of paperwork to be fully completed and signed. ***Completed and signed packets must be returned to the Athletic Director by February 21st^h*** for participation in the March 7th screening.

This year, we'll additionally need to have contact with the parent/guardian for them to give verbal consent for the athlete to participate in this screening. Registration colleagues from St. Anthony's will call the parent/guardian to obtain this consent and they'll schedule and pre-register the athlete at that time. ***Those calls will occur between February 26th and March 3rd. If the parents prefer, they can call St. Anthony's during that time to give consent. The number to call is 217-347-3518 between 7am and 3 pm.***

You will be notified ONLY if an abnormality is identified. If any abnormality is detected, an RN will contact the parent/guardian and will also contact/send a copy of this tracing to your primary care provider as well. Please note that the EKG will be a part of the athlete's electronic medical record. That way it can be referenced if needed at any time in the future.

Sincerely,

Athletic Director



**HSHS
St. Anthony's
Memorial Hospital**

Andrew Gombczynski Big Heart Foundation Athletic EKG Screening Student Participation and Parental/Guardian Approval

*There are 3 forms with this packet that need to be completed and returned.
We can schedule your athlete for this event only if all forms are complete and signed.*

Name of Student (please print) _____

Name of School (please print) _____

The opportunity to participate in this EKG screening program is entirely voluntary on my part.

Signature of Student _____ Date _____

I hereby give my consent for the above-named student to participate in the EKG screening. This is a screening that is offered free of charge and in good faith at St. Anthony's Memorial Hospital. The EKG will be interpreted by a pediatric cardiologist. If further testing is required due to any abnormal results, I understand that I am responsible for contacting my child's physician (listed below) concerning those results and am responsible for the costs of any additional follow up.

Name of Family Physician (please print) _____

Signature of Parent/Guardian _____ Date _____

Spring 2020



Andrew Gobiczynski Big Heart Foundation Athletic EKG Screening Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Cell Phone Number _____

Student Cell Phone Number: _____

Social Security Number: _____

Sex M _____ F _____

Date of Birth: _____

Name of School: _____

Family Physician: _____

Physician Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____



Andrew Gabczynski Big Heart Foundation Athletic EKG Screening Health History

Student Name _____

Age _____ Height _____ Weight _____ (in pounds)

Sex: Male Female

School _____ Sport(s) _____

Health History (cardiac related) please circle Yes or No in 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 circle Yes or No in the question below.

YES NO Has a family member died suddenly at less than 50 years of age of causes other than an accident?

Day of Event Documentation:

_____ EKG obtained and confirmed in Epiphany

_____ Blood Pressure obtained

B/P result _____