



Heart Screening Packet

Dear Parent and Participant:

Thank you for being part of our mission to raise awareness of Sudden Cardiac Arrest (SCA) by participating in our free cardiac screening for youth (age 12–25).

We will have a group of medical volunteers at our screening to help us provide this heart screening for our community.

Below are the two forms you will need to bring to the heart screening filled out and signed. **No one will be screened without the signed forms.**

1. Cardiac Screening Permission Form and Waiver

2. Participant Medical History Questionnaire

On the day of the screening, participants should wear a t-shirt and sweat pants or sport shorts. Girls should wear a sports bra. Girls will be asked to remove the t-shirt but will keep the sports bra on at all times. All girls will be screened by female health professionals in an area separate from boys. We want to assure you that participants' confidentiality, privacy and individual modesty will be respected throughout all aspects of the program. Additional privacy is available upon request.

The screening is completely painless and non-invasive (*no needles or x-ray exposure*) and consists of:

1. Review of medical history questionnaire
2. ECG screening (Small patches with a mild latex free adhesive will be placed on the chest, legs and arms. Electrodes are attached to the patches and the heart's electrical activity is recorded)

A simple ECG can identify certain serious heart conditions that cannot be detected by a stethoscope. This includes approximately 60% of the abnormalities that are associated with Sudden Cardiac Death. National statistics for youth cardiac screenings have seen result potential of 2% to be false positive requiring further testing.

Thank you for your participation.



Kyle was a healthy 18-year-old college freshman with had no known heart conditions. Kyle unexpectedly passed in February of 2018 from Sudden Cardiac Arrest. Kyle was a kind person who was always willing to help others and we want to continue that spirit by giving back to our community and help in preventing another family from losing a loved one to Sudden Cardiac Arrest.



Cardiac Screening Permission & Waiver

SCREENING DATE PARTICIPANT'S LAST NAME FIRSTNAME DATE OF BIRTH (must be 12-25, no exceptions)

I, the undersigned, GIVE permission for my child (under 18 years old)/myself to voluntarily participate in the Kyle J. Taylor Foundation (The Foundation) cardiac screening (Cardiac Screening). A medical questionnaire will be reviewed, an electrocardiogram will be done and an echocardiogram may be performed at the Cardiac Screening. The Cardiac Screening will be conducted by independent health care personnel and other volunteers working together with the Foundation. The undersigned acknowledges and agrees that participation in the Cardiac Screening is completely voluntary and that it is the undersigned's decision to have my child/myself participate in this Cardiac Screening.

The information provided on the accompanying forms is, to the best of my knowledge, complete and correct. I understand and acknowledge that a finding of low risk from the limited screening being performed is not a guarantee of good health. Participation in this program cannot substitute for a consultation with a physician or other medical professional for any medical or health related condition or for regular physical examinations.

I understand and acknowledge that information received from this screening is to be considered preliminary only and does not constitute a diagnosis of my child's/myself health or physical condition. This is not a diagnostic study and is not intended to replace regular check-ups with my child's/my physician. I further understand and acknowledge that I or another parent/guardian should discuss any abnormal results with my child's /my personal physician as soon as possible. I or another parent/guardian should ensure that any abnormal results from the Cardiac Screening are confirmed by a personal physician before any diagnosis or treatment is considered.

In order to have the Cardiac Screening performed on my child/myself and to participate in a screening, the undersigned, HEREBY RELEASES AND WAIVES ALL CLAIMS, ACTIONS, AND CAUSES OF ACTION that I or my child may otherwise have against the Kyle J. Taylor Foundation, the independent health care personnel and volunteers who are conducting or participating in this screening process, the school, the school district, and any vendors, sponsors, their officers, directors, employees, agents, volunteers, and representatives, from any claims, liability, or damages, including but not limited to personal injury or illness arising out of any physical, emotional, or mental injury or death that may occur in any way from my child/myself participation in this program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the Cardiac Screening. The undersigned further agrees that neither the undersigned nor any of the undersigned's heirs, personal or legal representatives of family members will bring suit or make a claim for illness, injury, or death resulting from the Cardiac Screening and that this release is binding upon my heirs, legatees, administrators and personal representatives.

I understand that all of the medical information obtained through my child's/my participation in this program will be kept confidential and will not be retained or used by the school or referring entity. Once the results of the Cardiac Screening have been disclosed to the participant, and/or the parent(s), all of the medical information obtained will be deidentified via the removal of personally identifiable information. I give consent that the remaining anonymized data can be collected by the Kyle J. Taylor Foundation or its designees and that it may be used for medical and/or academic research purposes.

- Yes The Kyle J. Taylor Foundation may contact me to discuss the information obtained as a result of today's Cardiac Screening
- No I do not want to be contacted in the future about the information obtained as a result of today's Cardiac Screening

The undersigned represent that they have carefully read and fully understand each and every term, condition, and paragraph of the provisions contained in this document.

Complete either the first or second consent box below. **Must be signed to be screened**

Participants Under 18 Consent:		
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN EMAIL	PARENT/GUARDIAN TELEPHONE NUMBER
HOME ADDRESS		
PARENT/GUARDIAN SIGNATURE	DATE	PARTICIPANT'S PEDIATRICIAN OR PRIMARY CARE PHYSICIAN & PHONE #
Participants 18-25 Consent:		
PARTICIPANT NAME (PRINT)	PARTICIPANT EMAIL	PARTICIPANT TELEPHONE NUMBER
HOME ADDRESS		
PARTICIPANT SIGNATURE	DATE	PARTICIPANT'S PEDIATRICIAN OR PRIMARY CARE PHYSICIAN & PHONE #



Medical Questionnaire

CONFIDENTIAL – This form must be completed to be screened

Fill out the form completely. Heart conditions are affected by a number of variables. Answering honestly will help doctors accurately assess your cardiac health.

PARTICIPANT'S NAME (PRINT)

DATE OF BIRTH

To be completed by parent (if under 18)/participant (if over 18)

Participant's Medical History

Allergic to latex? Yes No

Active in sports? What sport? _____ Yes No

If NO, why? _____

High blood pressure? Yes No

If yes, when? _____

Pre-existing heart condition? Yes No

If yes, what? _____

Chronic illness? Yes No

If yes, what? _____

Previous injuries? Yes No

If yes, please list: _____

Previous hospitalization or visit to emergency room? Yes No

If yes, please list: _____

Surgeries? Yes No

If yes, please list. _____

Prescription medication? Yes No

If yes, please list. _____

Family Medical History

Adopted? Yes No

Has anyone in your family developed heart disease under the age of 40? Yes No

Has anyone in your family died from heart disease under the age of 40? Yes No

Any unexplained or unexpected deaths in your family under the age of 40? Yes No

Has anyone in your family suffered from unexplained fainting or seizures? Yes No

Are there any known heart conditions for anyone in your family? Yes No

If yes, please explain who it was, and the heart condition _____

Completed by participant parent

Participant's Social History

Have you ever used performance enhancing drugs, high-caffeine energy supplements or diet pills?

Yes No

If Yes, how many per day _____ weekly _____

Do you drink energy drinks?

Yes No

If Yes, how many per day _____

Participant's Current Condition

Please check all that apply.

If you have had chest pain or pressure—When?

Resting Walking Exercise None

If you have experienced skipped heartbeats—When?

Resting Walking Exercise None

If you have experienced fainting or seizure—When?

Resting Walking Exercise None

If you have experienced a fast heartbeat—When?

Resting Walking Exercise None

If you have experienced unexplained fatigue—When?

Resting Walking Exercise None

If you have experienced shortness of breath—When?

Resting Walking Exercise None

If you have felt light-headed or dizzy—When?

Resting Walking Exercise None



Frequently Asked Questions About Heart Screenings

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a condition that occurs when the heart suddenly and unexpectedly stops beating effectively. If this happens, blood stops flowing to the brain and other vital organs. This is caused by an electrical disturbance and/or a structural abnormality. Death occurs within minutes if not treated with CPR and an AED (automated external defibrillator). SCA is not a heart attack.

What happens at a screening?

The day of the screening arrive at the location at a pre-registered time with completed paperwork downloaded from epsavealife.org/register. For participants under 18 years of age, if a parent signs the consent form in advance, parents/ guardian are not required to be present but we encourage them to attend. All screening participants will complete Stations 1-5. The cardiologist determines Station 6 evaluations.

Station 1 Registration
Station 2 Medical Questionnaire Review
Station 3 CPR/AED Demo & Practice
Station 4 ECG (Electrocardiogram)
Station 5 Doctor Interview
Station 6 Echocardiogram (if ordered by the cardiologist)
Based on availability of ECHO machine for screening

What is an electrocardiogram (ECG)?

An ECG is a completely painless, non-invasive test that evaluates the health of your heart. It measures your heart rate and rhythm through electrodes attached via small patches with a mild latex free adhesive to the chest, legs and arms. No physical activity is required.

What is an echocardiogram (ECHO)?

When indicated by our cardiologist, a limited echocardiogram (ultra- sound of the heart) will be done. This specifically focuses on identifying heart structural abnormalities relevant to the age group being screened. *Based on availability of ECHO machine for screening*

What does it mean if my screening finding indicates that further evaluation is needed?

It may indicate the presence of a serious cardiac condition that may require further follow-up testing and treatment by a physician. You must contact your physician to determine the need for further testing and treatment.

Will every participant get both an ECG and an ECHO at the screening?

Every participant gets an ECG. The decision for an ECHO to be done at the screening is made at the discretion of a Foundation

cardiologist. About 30% of the participants have an ECHO to evaluate the heart from another perspective. Getting an ECHO is not a confirmation there is a heart problem. *Based on availability of ECHO machine for screening*

Will a diagnosis be made on the results of the screening?

NO, THIS IS A SCREENING ONLY. A clinical diagnosis can only be made incorporating the ECG findings with a history and physical performed by your own physician. If you are told additional follow-up is needed, by emailing us at kylejtaylorfoundation@gmail.com for you to take to your physician. ECHO results are not available.

Will results be shared with the school?

Absolutely not.

If the cardiac screening ECG findings indicates the need for follow up evaluation and testing with a physician, does that mean there is a life threatening condition?

Possibly, but 2% of ECG screenings will result in "false positive" findings. A false positive ECG indicates a defect may exist, but further testing shows there is no problem. The Foundation believes the benefit of this potentially life-saving screening outweighs this concern.

If the cardiac screening is within normal limits, does this mean that the heart is healthy?

An ECG can only detect 60% of those at risk for sudden cardiac death at the time of the screening.

If my ECG is within normal limits, does it need to be repeated again in future years?

This ECG is meant to be a baseline to compare with future ECG evaluations. Current international recommendations are to repeat the ECG every two years through age 25 or if any warning sign or symptoms of SCA are present.

What if I need additional privacy?

We want to assure you that participants' confidentiality, privacy and individual modesty will be respected throughout all aspects of the program. If more privacy is needed, please notify a Kyle J. Taylor volunteer for referral to the privacy screening room.

How do I request a copy of my ECG?

Electronic copies of your ECG can be requested following the screening by emailing us at kylejtaylorfoundation@gmail.com. ECHO results will not be available.



Help us in making a difference!

Our motivation for our foundation is our son Kyle and hoping we can help another family avoid losing a child to Sudden Cardiac Arrest as we did. There are different ways you can help us do that! Share your screening experience within your circle so others will come. Host a screening for your school or sports team. Volunteer to be a part of team of our upcoming screening. And donate, any amount is greatly appreciated and will make a difference.

Since we are a newly formed nonprofit 501 (c)(3) organization (Tax ID # 83-0584583), we rely strictly on donations. Your tax- deductible donation supports not only our free heart screenings, but also our AED donations, SCA education and community outreach. Please consider making a donation in one of the following ways. We also accept donations at the screening event at the registration check in tables

- Online donations – go to our website kylejtaylor.org to make a donation
- Check donations - make checks payable to Kyle J. Taylor Foundation
- Amazon Smile – if you shop on Amazon you can shop the same products on Amazon Smile, and Amazon donates .5% of your purchases back to us.
- Facebook – we are a verified foundation in the Facebook Charitable Giving Program.
- Corporate Matching – if your company does a donation matching program, check to see if we are listed, if not we are happy to provide information needed to be a part of their program.

If you would like to be informed of what our foundation is doing, you can subscribe to our mailer to receive our newsletter. Go to our website kylejtaylor.org, scroll to the bottom of our home page to subscribe!

Thank you for your support. We truly believe a KYnd Heart is a Healthy Heart!

Kyle J. Taylor Foundation