



ELECTROCARDIOGRAM CONSENT FORM AND RELEASE OF LIABILITY

Willamette Valley Heart Screening - Adult

An electrocardiogram (ECG or EKG) screen can help identify those who are at risk for Sudden Cardiac Arrest (SCA), a condition where death can result from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to SCA. If you are already under the care of a physician for heart-related issues, please do not participate in this screening. Your doctor's care and advise are better than a simple screening tool.

By signing below, I am electing an ECG screen provided by **Cody Stephens Memorial Foundation**. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that SCA or other cardiac events may still occur, despite this screening. I further acknowledge that if my ECG is abnormal I will be highly recommended to undergo further testing (e.g. an echo or ultrasound) and/or a medical consultation. By my signature below, I hereby release and forever discharge, and waive, any and all claims against **Cody Stephens Memorial Foundation**, their employees, trustees, consultants, volunteers and contractors that relate to my election regarding and/or my participation in the ECG screening. I authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in accordance with the Health Insurance Portability and Accountability Act of 1996.

I DO hereby **CONSENT** to participation in the ECG screening. I understand there is a \$15 charge.

Name Printed _____ Date _____ Phone # _____

Signature _____ E-Mail address (please print legibly) _____

Participant Information

Last Name: _____ First Name: _____

Gender: _____ Race: _____ Birthdate ____/____/____

Weight: _____ Height: _____ Sport/Activity: _____

Personal Cardiac History (if any): _____

Family Cardiac History (if any): _____

Do you currently take any of the following medication? (Mark all that apply):

ADD/ADHD _____ Asthma medication/inhaler _____ Heart-related _____ Seizure _____

For more information about Cody's story, the foundation formed in his name, or heart screening in general, see
www.CodyStephensFoundation.org

Thank you for participating in this important heart screening!





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During the screening, you will be asked the following questions. Please be sure to ask the screening staff or volunteers if you have any questions or concerns about answering them.

- Have you ever experienced chest pain or discomfort with exercise?
- Have you ever passed out or nearly passed out?
- Have you ever had excessive shortness of breath or fatigue with exercise?
- Have you been told you have a heart murmur?
- Have you had high blood pressure?
- Does anyone in your family have genetic or heart arrhythmia problems?
- Has anyone in your family under the age of 50 died suddenly or unexpectedly from heart disease?
- Has anyone in your family under the age of 50 been disabled from heart disease?
- Have you had a prior restriction from participation in sports because of your heart?
- Have you had a physician order a heart test for you?

