



September 25, 2023

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 sophomore athletes on Saturday, **November 4, 2023 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 athletes 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 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 SBL Heart Center, **217-238-4550**.

This program includes collecting health history, performing a physical specifically targeted to detect at-risk athletes, and an electrocardiogram will detect dangerous electrical abnormalities of the heart. In addition, we are excited to offer, for the first time, a blood draw to check for iron deficiency!

Please complete the original Registration Form, Student Participation and Parental Approval form and History Worksheet. Forms cannot be copied due to the barcode feature on the forms. Be sure to fill out the original forms in detail and remember to sign them. **Forms must be returned to my office by Friday, October 20, 2023.**

What do you do after you return the form? Between 7:00 a.m.-3:00 p.m., October 23-27th, 2023 call Lori Richardson in the Heart Center at **217-238-4550** to schedule an appointment for your child.

October 20:	Forms due to SBL Heart Center via return envelope provided
October 23-27:	Parents call Lori to schedule November 4th screening
November 4:	Athletic Heart Screen Day

For more information, visit www.sarahbush.org and search for Rotary Athletic Heart Screen. Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink that reads "Lori Richardson, MS RCEP".

Lori Richardson
Clinic Supervisor – Heart Center
Sarah Bush Lincoln Health Center



**Rotary Athletic Heart Screening
November 4, 2023 Registration Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____

Date of Birth: _____

Name of School: _____

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WE MUST HAVE THE INFORMATION LISTED BELOW

Family Physician: _____

Physician Address: _____

City: _____ State: _____ Zip: _____

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Name of Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____



***NOTE: There are 3 forms with this packet that need to be completed and returned.
If everything is not completed, we cannot schedule your child for this event.***

Name of Student (please print): _____

Name of School (please print): _____

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

Signature of Student

Date

Time

I hereby give my consent for the above-named student to participate in a limited cardiac screening designed to identify undiagnosed abnormalities of the heart which could lead to sudden cardiac death in young athletes. The screening is offered free of charge and in good faith. I understand that the screening will be done at Sarah Bush Lincoln Health Center and results will be interpreted by a physician. If further testing is required due to abnormal test results, I understand that I am responsible for contacting my child's physician (listed below) concerning follow-up testing and I am responsible for the costs of those tests.

Name of Family Physician (please print): _____

Signature of Parent

Date

Time

I give my permission to use a photograph or video of my son/daughter at the Rotary Athletic Heart Screening program for future publicity and marketing purposes.

Signature of Parent

Date

Time





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

