

Screening Instructions

Participants will get a Cardiac Assessment and a Quick noninvasive electrocardiogram (ECG), where a pre-positioned sensor will be placed on the chest, with 3 limb leads: on the right arm, left arm and lower left abdomen, in less than a minute. Some participants may also have a limited echocardiogram (ultrasound) of their heart. Female technicians screen girls in a separate area from boys.

Who Can Participate:

Youth ages 12 to 24 on the day of screening only. Sorry, no exceptions.

Who Cannot Participate:

- Participants with pre-existing heart problems and whom are being treated by a cardiologist are not eligible to participate.
- This screening is not intended to provide a clinical diagnosis or a second opinion

Directions To Participate:

1. BRING SCREENING PACKETS

Download and PRINT SINGLE SIDED the screening packet FOR EACH PARTICIPANT, sign the permission/waiver, and bring all to the screening —If you can't print forms, additional documents will be available on site.

<https://justincarrwantsworldpeace.org/screening/>

Please carefully review the medical questionnaire in advance, so you are providing our team with the most comprehensive information.

For youth under 18, a parent can only be present if the screening packet is fully signed. People 18 and older do not need a parent's signature.

If a parent is not in attendance, please be sure your contact information is included in the packet so the Doctor can contact the parent/you if necessary.

2. WHAT TO WEAR AND THE DURATION OF THE EVENT

Participants should dress in a t-shirt, sweatpants, or sports shorts. Girls should wear sports bras. The screening typically takes less than 30 minutes to complete.

3. COVID HEALTH & SAFETY PROTOCOL

Everyone must wear a mask. Only one parent is allowed to be present at the screening with the youth. Registering will enable you to adhere to all health and safety precautions at this event. Please only come if you are well and do not exhibit signs of being ill. JCWWP Volunteers are fully vaccinated.

4. CANCELLATION

Please honor your appointment time. It costs our foundation money whether you show up or not. If you'd like to donate to our mission, visit <https://justincarrwantsworldpeace.org/donate/>

If your plans change, please go to your Eventbrite tickets to cancel your appointment so we can accommodate our waiting list. If you registered multiple participants and have to cancel one, the system won't allow you to cancel part of your order, so email us at JustinCarrWpFoundation@gmail.com and we will process the cancellation manually.





Name _____ Sex ☐ F ☐ M Phone (____) _____
(Last, First, MI)

Email _____

Would you like your screening results via phone and not e-mail? ☐ Y ☐ N Sport _____

Height _____ Weight _____ lb Date of Birth _____ Age _____ Race _____

Address _____ City _____ State _____ Zip _____

Check ALL that apply

☐ Diabetes ☐ Asthma ☐ Hypertension

Family History: ☐ Heart Disease ☐ Stroke ☐ Diabetes ☐ Valvular Disease ☐ Sudden Death Syndrome

Check ONE

Activity Level: ☐ No exercise ☐ Low amount ☐ Moderate amount ☐ High amount

CardiaScreen Questionnaire

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Have you ever experienced chest pain or discomfort with exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever passed out or nearly passed out? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever had excessive shortness of breath or fatigue with exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you been told that you have a heart murmur? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you had high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Any family history of hypertrophic or dilated cardiomyopathy, Long QT or Marfan syndrome, or any other heart arrhythmia problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has anyone in your family under the age of 50 died suddenly or unexpectedly from heart disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has anyone in your family under the age of 50 been disabled from heart disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you had any prior restriction from participating in sports? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you ever had an echocardiogram or EKG/ECG before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you have headaches or migraines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(Check One)

How did you hear about us? ☐ Family ☐ Friend ☐ Co-worker ☐ Email ☐ Website ☐ School
☐ Doctor _____ ☐ Other _____

I hereby sign that the above information is accurate to the best of my knowledge and that I have signed the consent and release form provided to me.

Signature: _____ Date: _____

To be completed by the **Technician** please do not write.

Check all that apply:

- ☐ 1. No significant findings on echocardiogram
☐ 2. Other findings: _____
☐ 3. Technically difficult echocardiogram

Additional Comments: _____ **Date:** _____

Cardiac Screening Permission And Waiver



Print name in **ALL CAPITAL** letters **Circle:** Male Female Non-Binary **Circle All That Apply:** Native American Asian Hispanic/Latino Pacific Islander Black/African American White/Caucasian Other

SCREENING DATE **PARTICIPANT'S LAST NAME** *(all capital letters)* **FIRST NAME** **DATE OF BIRTH** **must be age 12–25, no exceptions**

I, the undersigned, GIVE permission for my child (under 18 years old)/myself to voluntarily participate in the JCWWP 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 JCWWP Foundation, the independent health care personnel and volunteers who are conducting or participating in this screening process, as well as 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 screening facility. 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 de-identified via the removal of personally identifiable information. I give consent that the remaining anonymized data can be collected by the JCWWP Foundation or its designees and that it may be used for medical and/or academic research purposes.

- ☐ Yes JCWWP 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.

Participants Under 18 Consent:

PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN EMAIL	PARENT/GUARDIAN TELEPHONE NUMBER
HOME ADDRESS	CITY	STATE ZIP
PARTICIPANT'S PEDIATRICIAN OR PRIMARY CARE PHYSICIAN	TELEPHONE NUMBER	
PARENT/GUARDIAN SIGNATURE	DATE	

Participants 18–25 Consent:

NAME OF PARTICIPANT (PRINT)	EMAIL	TELEPHONE NUMBER
HOME ADDRESS	CITY	STATE ZIP
PARTICIPANT'S SIGNATURE	DATE	

PARTICIPANT'S PRIMARY CARE PHYSICIAN	TELEPHONE NUMBER
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FOR OFFICE USE
REVIEWED BY: