PATERSON PUBLIC SCHOOLS
Office: (973) 321-0722 Office of Nursing Services Fax: (973) 321-0485

Cardiac Health Summary

School: _____ **School Year: 20_____/20_____**

Student Name_____**DOB**_____

Parent Name_____ **Parent Phone**_____

Date of Examination_____ **Please circle:** Is this an Annual or Bi-annual Evaluation?

The diagnosis of _____**was made on (date or age of student)** _____**.**

□ No heart disease Comments:_____
□ Rheumatic Heart Disease _____
□ Congenital Heart Disease _____

Normal Vital Signs for this student: BP: _____ Heart Rate: _____ Resp: _____

History of typical signs and symptoms: *(please check those that apply)*

□ Palpitations	□ Pallor	□ Frequent colds	□ Sensitivity to heat / cold
□ Fatigue	□ Cyanosis	□ Poor Appetite	□ Antibiotic prophylaxis
□ Poor Stamina with	⚪ *Slight activity*	⚪ *Moderate activity*	⚪ *Strenuous activity*

Please list most recent dates for the following:

a. Echocardiogram _____ Cardiac Catheterization _____
b. Electrocardiogram _____ Angiogram _____
c. Chest X-ray _____ Cardiac Surgery _____
d. Other _____

Activity Program: The student may participate in the following activities:

No/Yes

□ □ **May participate fully without restrictions.**
□ □ **Self-Limiting / As Tolerated Activities in School**
□ □ **Warm-up Exercises:** hopping, jumping, stretching, low impact aerobic
□ □ **Physical Fitness Testing:** running, sit-ups, push-ups, sprinting, pull-ups
□ □ **Non-contact games** with kicking, throwing, running, and volleying, e.g. shuffleboard, jump roping, bowling, badminton, volleyball.
□ □ **Weight lifting** limitation: No greater than _____pounds.
□ □ **Long Distance Running**
□ □ **Apparatus:** climbing, vaulting, support suspension
□ □ **Stunts:** tumbling, rolling, balance and strength
□ □ **Competitive/Contact Sports:** soccer, floor hockey, basketball, softball, volleyball, touch football
□ □ **Stair Climbing**

Physician Signature_____**Date**_____ **Stamp**_____

School Physician Signature_____ **Date**_____