

April 16, 2013

Dear Parents,

St. John Providence Health System is pleased to announce the second year of our student athlete Cardiac Screening program. The optional screenings will take place along with the scheduled Sports Physicals the week of July 27st-August 3rd at six metro-Detroit high schools. Any student with parent authorization may participate in the Cardiac Screening. Please note that the Michigan High School Athletic Association, MHSAA, does not require a cardiac screen for high school athletes at this time.

The process for the optional cardiac screening portion of the sports physical is as follows:

- Together with a parent/guardian, the athlete will have completed a short questionnaire (attached here) to screen for potential cardiac precursors such as family history, chest pain, and shortness of breath during activity, etc. The screening form must be signed by a parent/guardian.
- Upon review of the Cardiac Screening questionnaire and identification of risk factors, an electrocardiogram (ECG - a recording of the electrical activity of the heart) **may** be performed at the high school.
- All students receiving an ECG at the pre-participation physicals will be referred to a St. John Cardiologist for additional evaluation. **The sports physical will be invalid until an additional cardiology evaluation is complete.**
- Follow up appointments with the St. John Pediatric Cardiology department, located at 22201 Moross Road, Suite 275, Detroit, MI 48236, will be available during the weeks of July 30th and August 6th. Please call the Pediatric Cardiology office at (313) 343-6840, to promptly schedule a follow up appointment. Although we will facilitate an appointment with a St. John Pediatric Cardiologist, you may choose to follow-up with your own family physician or pediatrician for this step of the process.
- Once the student has been evaluated by the pediatric cardiologist or the family physician/pediatrician of your choice, final clearance for sport participation will be provided.
- As with any health related topics, we recommend you discuss the cardiac screening opportunity with your family physician or pediatrician.

For more information about the cardiac screening process or sports physicals, please contact Jacqueline DuFour, AT/ATC at 586.498.3503.

Sincerely,



Roger C. Anderson, PT
Director, Rehabilitation Services
St. John Providence Health System, East Region



Donna Micallef, RN, MSN
Director, Cardiology Services
Department of Cardiology & Cardiac Services
St. John Hospital & Medical Center



HEART SCREENING QUESTIONNAIRE

Student's Name _____ Age _____ Birth Date _____
Street Address _____ City _____ State _____ Zip Code _____
Parents Name _____ Phone Number _____

Gender: M F Height _____ Weight _____ Pulse _____ Blood Pressure _____

1. Has it been more than two years since you had a physical exam that included a blood pressure reading and listening to your heart?
Y N
2. Have your parents or your physician ever told you that you have a heart murmur? Y N
3. Has your physician ever discouraged you from participating in athletic competition? Y N
4. Have you ever experienced chest pain/pressure/tightness, dizziness or racing or "skipped beats" at rest or with exercise? Y N
5. Have you ever experienced light-headedness or passed out during exercise or after having been startled? Y N
6. Do you get more tired or short of breath more quickly than your teammates during exercise? Y N
7. Have you ever fainted or passed out after exercise? Y N
8. Have you ever been told that you have high blood pressure, high cholesterol or diabetes? Y N
9. Have you ever been diagnosed with unexplained seizures or exercise-induced asthma? Y N
10. Do you use or have you ever used cocaine or anabolic steroids? Y N
11. Has anyone in your family had sudden, unexpected death before age 50? (including drowning, unexplained car accident, or sudden infant death syndrome?) Y N
12. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? Y N
13. Has anyone in your immediate family had unexplained fainting or seizures? Y N
14. Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart, arrhythmias, or Marfan syndrome? Y N
15. If "yes" to any of the above questions, please provide more information:

Answered / Completed by:

Parent/guardian signature _____ Date _____

Student signature _____ Date _____

Athlete requires further Cardio Clearance prior to sports participation Yes _____ No _____

Findings upon physical exam: _____
