



Electrocardiogram (“ECG” or “EKG”) Registration Form

Hosted by Cardiac on Campus, in partnership with Who We Play For, Inc



First Name: _____ Last Name: _____

“@wisc.edu” Email Address: _____

Please review and sign the Consent & Release and COVID-19 Liability Waivers at the end of this packet.

If the participant is a minor, please complete the following section.

Parent/Guardian’s First & Last Name: _____

Parent/Guardian’s Email Address: _____

Health History Questions

Participant’s Sex: Female Male

Participant’s Race/Ethnicity (select all that apply):

Asian Black Hispanic Indigenous American Pacific Islander

White

Participant’s Date of Birth (mm/dd/yyyy): _____

Participant’s Weight (lbs): _____

Health History Questions Continued

Participant's Height: _____ ft _____ in

Participant's Athletic Involvements (select all that apply):

- | | | | |
|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Crew/Rowing |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Fencing | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Football |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Swim/Dive | <input type="checkbox"/> Tennis/Squash |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Water Polo | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> No participation in athletics | | | |

Please list any medications (with dosages) that you/your child take:

Have you/your child ever experienced chest pain or discomfort with exercise?

- Yes No

Have you/your child ever passed out or nearly passed out?

- Yes No

Health History Questions Continued

Have you/your child ever experienced excessive shortness of breath or fatigue with exercise?

Yes No

Have you/your child ever been diagnosed with a heart murmur?

Yes No

If yes, please provide the approximate date of diagnosis: _____

Do you/your child have a family history of heart disease?

Yes No

If yes, please provide further detail about your family's history of heart disease:

Has anyone in your/your child's family under the age of 50 died suddenly or unexpectedly from heart disease?

Yes No

Has anyone in your/your child's family under the age of 50 become disabled due to heart disease?

Yes No

Health History Questions Continued

Have you/your child ever had a prior restriction from participation in sports?

Yes No

If yes, please provide further detail about the restriction:

Has a physician ever ordered a heart test for you/your child (EKG, stress/ECHO, etc)?

Yes No

If yes, please provide further detail about the test, including approximate date:

Have you/your child ever tested positive for COVID-19?

Yes No

If yes, please provide the approximate date of the positive test (mm/dd/yyyy):

ELECTROCARDIOGRAM SCREENING CONSENT FORM AND

RELEASE OF LIABILITY

1. About the Electrocardiogram ("ECG") Screening

An ECG screening (also commonly referred to as an EKG) is a test that measures the electrical activity of the heart to help identify an individual's risk for heart conditions and some causes of sudden cardiac death. ECG screenings performed by Cardiac on Campus ("CoC") in partnership with Who We Play For ("WWPF") involve (i) an ECG screening and (ii) a medical history form.

2. Consent to Participate and Acknowledgments

To receive an ECG screening, you must read and sign this Consent Form and Release of Liability ("Consent and Release"). If you are a minor, your parent or legal guardian must read and sign this Consent and Release. By signing below, you (or you and your parent or legal guardian if you are a minor) agree to the following:

---- I have carefully read this Consent and Release, I understand this Consent and Release, and I have had the opportunity to ask any questions; and

---- I voluntarily consent and elect to have representatives and volunteers perform an ECG screening; and

---- I understand that ECG screenings are noninvasive, painless tests and have no major risks. I voluntarily assume all risks associated with the ECG screening. I understand that the ECG screening will only screen for abnormalities in my heart and that it is not a complete medical exam or diagnosis. I understand that abnormal test results do not officially represent or imply that I have a heart condition. I understand that no warranty or guarantee has been made to me about the results of the screening. I understand that this screening will not diagnose all causes of sudden cardiac death. I acknowledge that the information I receive from the ECG screening reflects the condition of my heart at the time of the ECG screening. This ECG screening does not constitute a conclusive diagnosis of my heart health or physical condition; and is not intended to serve as a replacement for treatment and checkups with a primary care physician or other provider. I acknowledge the limitations of an ECG screening and that sudden cardiac death or other cardiac events may still occur, despite this screening. I understand that this ECG screening does not establish a treatment or provider relationship with anyone who administers the screening, interprets the ECG, or communicates the results. I recognize and acknowledge that I am solely responsible for taking any appropriate follow-up action related to the ECG screening results. I understand that follow-up care and treatment is not a part of this ECG screening program; and

---- I have the authority to sign this Consent and Release because either (i) I am an adult that is participating in the screening or (ii) I am the parent or legal guardian of a participant.

3. ECG Screening Results, Communication, and Confidentiality

The board-certified or board-eligible cardiologist that reads and interprets the ECG screening will place the participant into one of three categories: (i) low risk; (ii) follow-up required; or (iii) higher risk. You (or you and your parent or legal guardian if you are a minor) hereby acknowledge that if the ECG is categorized as "follow-up required" or "higher risk," then you will be responsible for seeking follow-up care and additional testing (e.g., an echocardiogram) before further athletic activities. In certain counties

and schools, you may be required to undergo additional testing prior to being allowed to resume participation with organized sports teams. You (or you and your parent or legal guardian if you are a minor) acknowledge, understand, and accept the following:

---- WWPF and CoC personnel, contractors, and volunteers (the “WWPF Team” and “CoC Team”) may disclose your screening results to individuals that oversee your involvement in athletics; and

---- The WWPF Team and CoC Team may contact me about the ECG screening and results. The participant’s screening results and medical history or health information may be used and disclosed by the WWPF Team for diagnostic purposes, follow-ups, aggregated statistical purposes, medical research, and research and development purposes. The information collected from any ECG screening event may be published in scientific journals or presented at scientific meetings in an aggregated way so long as you are not personally identified; and

---- The WWPF Team and CoC Team will follow all applicable state and federal laws and regulations, including any applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Family and Education Rights and Privacy Act (FERPA). This authorization may be revoked by submitting a written notice to WWPF at info@whoweplayfor.org.

4. Waiver & Release of Claims and Liability

By signing this Consent and Release and in exchange for a no or low-cost screening, you (or you and your parent or legal guardian if you are a minor) hereby agree to waive any and all claims, liabilities, or damages against the following parties: (i) the WWPF Team and CoC Team or its employees, directors, officers, representatives, sponsors, trustees, partners, consultants, and its contractors including all interpreting cardiologists; (ii) if applicable, the School Board that oversees the school district in which the ECG screening took place, including the local School Board’s employees and agents; and (iii) if applicable, the school, university, college, or business in which the ECG screening took place, including their employees and agents (collectively, the “Indemnified Parties”). You (or you and your parent or legal guardian if you are a minor) further agree to indemnify, release, and hold harmless the Indemnified Parties from and against any and all claims, liabilities, damages, costs, and expenses arising out of or connected to the performance, interpretation, and/or communication of the results of this ECG screening.

5. Acknowledgment

You (or you and your parent or legal guardian if you are a minor) certify that you have read this form or have had it explained to you in a language you can understand and that you have been encouraged to ask any questions about the screening process, benefits, limitations, and risks.

COVID-19 LIABILITY WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be highly contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact, by contact with contaminated surfaces and objects, and through the air. People reportedly can be infected and show no symptoms and therefore spread the disease unknowingly. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Who We Play For, Inc. (“WWPF”), Cardiac on Campus (“CoC”), and WWPF/CoC employees, contractors, and volunteers cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing CoC and WWPF’s services. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize CoC and WWPF’s services and/or enter onto the premises where CoC and WWPF are operating, then you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and I understand the above warning concerning COVID-19. I hereby choose to fully accept the risk of contracting COVID-19 for myself and/or my children in order to utilize WWPF’s services and the premises. I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize CoC and WWPF’s services and the premises involved.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against CoC, WWPF, and their owners, officers, directors, managers, officials, trustees, agents, employees, contractors, volunteers, or other representatives in connection with any possible exposure, infection, and/or spread of COVID-19 related to utilizing CoC and WWPF’s services and any premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I have carefully read and fully understand all provisions of this COVID-19 liability waiver. I freely and knowingly assume the risk and waive my rights concerning liability as described above.

Yes No

I am the legal adult or guardian of the minor named herein. I have the legal right to consent to this EKG screening, and by selecting “yes” below, I do hereby consent to the terms and conditions of the Consent and Release of Liability Waiver.

Yes No

Participant First & Last Name: _____

Participant OR Parent/Guardian Signature: _____

Date: _____