



2929 Gettysburg Road  
Suite 8  
Camp Hill, PA 17011  
PeytonWalker.org

Dear Parent and Participant:

Thank you for being part of our mission to raise awareness of Sudden Cardiac Arrest (SCA) by participating in a Heart Screening through The Peyton Walker Foundation. We've screened thousands of teens aged 12 through 19 and have identified 2-3% with an undetected heart abnormality.

The Peyton Walker Foundation was established in memory of 19-year-old Peyton, whose young and vibrant life was stolen by Sudden Cardiac Arrest in 2013. The Foundation's mission is to increase awareness and survival rates of sudden cardiac arrest and to save young lives so that other families would never know the heartache of losing a child without warning to Sudden Cardiac Arrest.

Sudden Cardiac Arrest is not a heart attack – it's the sudden onset of an abnormal and potentially fatal heart rhythm that causes the heart to beat ineffectively or not at all. Warning signs or symptoms that may lead to SCA include - chest pain or pressure, skipped heartbeat, fast heartbeat, shortness of breath or difficulty breathing, light headedness, fainting, seizure, and/or unexplained fatigue.

The free and voluntary heart screening helps to identify undiagnosed heart conditions that may lead to SCA. A team of doctors, nurses, medical professionals, and volunteers will provide the Heart Screening which consists of a review of your child's/your medical history, vital station for weight and blood pressure, a heart murmur check, an electrocardiogram (EKG) and, may include, an echocardiogram (ECHO). Also, all participants, including parents/guardians, will have the opportunity to learn hands-only CPR and participate in Automated External Defibrillator (AED) demonstrations.

To participate in the Heart Screening:

1. Register for the Heart Screening (if you're receiving this, you've already registered!).
2. Print this Heart Screening packet which includes a Consent and Waiver Form and Medical History Form (2 pages).  
**Both forms must be completed and signed prior to the screening.**  
**No one will be screened without the completed and signed forms.**
3. On the day of the screening, participants should wear a t-shirt or loose-fitted shirt. The screening is completely painless and non-invasive (no needles or x-ray exposure) and takes approximately one hour.
4. Participants should check-in at their registered time with the completed and signed Consent and Waiver Form and two-page Medical History Form. After check in, the participant will be directed through the screening stations. Participants should not leave the Heart Screening without being dismissed by a staff member or doctor.
5. At check out, you will receive a copy of the EKG and a summary of the screening results to share with your child's/ your primary care provider.

Thank you for your participation.

Asheleigh Forsburg  
[asheleigh@peytonwalker.org](mailto:asheleigh@peytonwalker.org)

*The Peyton Walker Foundation is a 501(c)(3) nonprofit organization.*

*checking hearts — protecting hearts — saving lives*

Participant Name: \_\_\_\_\_

AGE: \_\_\_\_\_

I, the undersigned, GIVE permission for my child (under 18 years old)/myself to voluntarily participate in The Peyton Walker Foundation (The Foundation) heart screening (Heart Screening). I understand that the Heart Screening will consist of a medical questionnaire review, an electrocardiogram (EKG), blood pressure, height and weight, auscultation (murmurs) and, may include, an echocardiogram (ECHO). The Heart Screening will be conducted by independent health care personnel and other volunteers working together with The Foundation. The Heart Screening does not establish a treatment relationship with your child/you and The Foundation or the licensed healthcare providers administering the Heart Screening for and on behalf of The Foundation.

I acknowledge and agree that participation in the Heart Screening is completely voluntary and that it is my decision to have my child/myself participate in this Heart Screening. I acknowledge that this is a voluntary screening. If I withdraw or do not give consent, my child/myself will not be able to participate in the Heart Screening. There is no penalty or cost if you or your child does not participate or if you withdraw your consent.

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 can not 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/my 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 or to serve as a clearance for sports participation.** 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 for the Heart Screening are confirmed by a personal physician before any diagnosis or treatment is considered.

I grant The Foundation permission to use any photographs, video and/or audio taken of my child/myself during the Heart Screening for the purpose of fulfilling its mission — to increase awareness and survival rates for sudden cardiac arrest. I understand that The Foundation will not release the identity of my child/myself — only his/her/my image. I acknowledge and understand that all media, including photographs, videos and recordings are the property of The Foundation. I also grant The Foundation permission to email me with updates related to this screening and about the organization's future endeavors. I understand that I may opt out from the emails at any time. The Foundation has permission to contact me in the future to discuss the Heart Screening process and/or results.

I understand and acknowledge that this Heart Screening is being provided free of charge by The Peyton Walker Foundation. In order to have the Heart 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 Foundation, the independent health care personnel and volunteers who are conducting or participating in the screening process, the school, the school district, 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's/my participation in the program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the Heart 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, physical, emotional, or mental injury, or death resulting from the Heart 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 school or referring entity. Once the results of the Heart 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 Foundation or its designees and that it may be used for medical and/or academic research purposes.

The undersigned represent that they have carefully read and fully understand each and every term, condition, and paragraph of the provisions contained in this Consent and Waiver document. This Consent and Waiver does not expire.

<b>COMPLETED BY (check one):</b>	
<input type="checkbox"/> Parent/guardian for Participants (under 18)	<input type="checkbox"/> Student/Participant (18 and over)
_____	
PARENT/GUARDIAN or STUDENT NAME (PRINT)	
_____	
PARENT/GUARDIAN or STUDENT SIGNATURE	DATE

<b>REVIEWED BY:</b>
<b>DATE:</b>
<b>Time IN:</b>
<b>Time OUT:</b>



## Heart Screening Medical Questionnaire (Page 1 of 2)

Name:	Age:
Gender:	Date of Birth:
Ethnicity:	

### Participants Current Condition

Are you active in sports? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, list sports:
Have you ever used: <input type="checkbox"/> Performance enhancing drugs <input type="checkbox"/> High-caffeine energy supplements <input type="checkbox"/> Diet pills If yes, how many per day?
Do you drink energy drinks? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, how many per day?
Do you take prescription medications? <input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, list your medications:
Are you allergic to Latex? <input type="checkbox"/> NO <input type="checkbox"/> YES

HAVE you had or DO you have:	NO	YES – WHEN? Check all that apply
Chest pain or pressure	<input type="checkbox"/>	<input type="checkbox"/> Resting <input type="checkbox"/> Walking <input type="checkbox"/> Exercise <input type="checkbox"/> After Exercise
Skipped Heartbeats	<input type="checkbox"/>	<input type="checkbox"/> Resting <input type="checkbox"/> Walking <input type="checkbox"/> Exercise <input type="checkbox"/> After Exercise
Fast Heartbeats	<input type="checkbox"/>	<input type="checkbox"/> Resting <input type="checkbox"/> Walking <input type="checkbox"/> Exercise <input type="checkbox"/> After Exercise
Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/> Resting <input type="checkbox"/> Walking <input type="checkbox"/> Exercise <input type="checkbox"/> After Exercise
Unexplained fatigue (very tired)	<input type="checkbox"/>	<input type="checkbox"/> Resting <input type="checkbox"/> Walking <input type="checkbox"/> Exercise <input type="checkbox"/> After Exercise
Felt Lightheaded or Dizzy	<input type="checkbox"/>	<input type="checkbox"/> Resting <input type="checkbox"/> Walking <input type="checkbox"/> Exercise <input type="checkbox"/> After Exercise
Fainted or seizure	<input type="checkbox"/>	<input type="checkbox"/> Resting <input type="checkbox"/> Walking <input type="checkbox"/> Exercise <input type="checkbox"/> After Exercise
If you answered yes to any of the above questions, please explain:		

### Participant Medical History

Have you been diagnosed with a heart related condition illness such as:	NO	YES
A Heart Infection	<input type="checkbox"/>	<input type="checkbox"/>
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Septal Defect (ASD)	<input type="checkbox"/>	<input type="checkbox"/>
Kawasaki Disease	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular Septal Defect (VSD)	<input type="checkbox"/>	<input type="checkbox"/>
Other Heart Defect - Explain:	<input type="checkbox"/>	<input type="checkbox"/>
Has doctor ever ordered a test for your heart (ECG/EKG, echocardiogram, stress test or Holter monitor)? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If you answered yes to any of the above questions, please explain:		

## Heart Screening Medical Questionnaire (Page 2 of 2)

Name :	Age:
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### Participant Medical History

Have you been diagnosed with a chronic illness such as:						
	<b>NO</b>	<b>YES</b>			<b>NO</b>	<b>YES</b>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>		Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>		Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or Depression	<input type="checkbox"/>	<input type="checkbox"/>		Other – Explain:	<input type="checkbox"/>	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	<input type="checkbox"/>				
Have you had any previous injuries, hospitalizations, surgeries or visits to the emergency room? <input type="checkbox"/> NO <input type="checkbox"/> YES						
If you answered yes to any of the above questions, please explain:						

### Family Medical History

If applicable, check the following:	<input type="checkbox"/> I do not know family history	<input type="checkbox"/> I am adopted
	<b>NO</b>	<b>YES</b>
Has anyone in your family developed heart disease under the age of 40?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died from heart disease under the age of 40?	<input type="checkbox"/>	<input type="checkbox"/>
Any unexplained or unexpected deaths in your family under the age of 40?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family suffered from unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>

Are there any known heart conditions for anyone in your family (living or deceased), such as:						
	<b>NO</b>	<b>YES</b>			<b>NO</b>	<b>YES</b>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>		Ehlers-Danlos Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation (before age 40)	<input type="checkbox"/>	<input type="checkbox"/>		Long QT syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Bradycardia	<input type="checkbox"/>	<input type="checkbox"/>		Marfan syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>		Supraventricular Tachycardia	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>		Ventricular Tachycardia	<input type="checkbox"/>	<input type="checkbox"/>
Cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>		Wolf Parkinson White Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to any of the above questions, please explain:						

# Heart Screening FAQs

## What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a condition that occurs when the heart suddenly and unexpectedly stops beating effectively. If this happens, blood stops flowing to the brain and other vital organs. This is caused by an electrical disturbance and/or a structural abnormality. Death occurs within minutes if not treated with CPR and an AED (automated external defibrillator). SCA is NOT a heart attack.

## What happens at a screening?

Every participant being screened must complete the Consent and Waiver Form and two-page Medical History Form.

The day of the screening, be sure to arrive at the screening location at your pre-registered time with completed paperwork downloaded from [peytonwalker.org/events](http://peytonwalker.org/events). If a participant is under 18 years of age, the consent form signed by a parent in advance will be accepted. Parents/guardians are not required but are encouraged to attend the Heart Screening.

After registration/check-in, all participants will complete stations 1-5. A cardiologist determines the need for Station 6 Echocardiogram after review of participant's information from stations 1-3.

Station 1 – Medical Questionnaire Review & Vitals

Station 2 – EKG (Electrocardiogram)

Station 3 – Heart Murmur

Station 4 – AED & CPR Overview

Station 5 – Feedback Waiting Area during  
Cardiologist Review

Station 6 – ECHO (Echocardiogram) only if ordered by  
a Cardiologist

## What is an electrocardiogram (EKG)?

An EKG is a completely painless, non-invasive test that evaluates the health of your heart. It measures your heart rate and rhythm through electrodes, which are attached to the chest, legs and arms with small patches. No physical activity is required, and the test takes less than 10 minutes.

## What is an echocardiogram (ECHO)?

When indicated by a cardiologist, a limited echocardiogram (ultrasound of the heart) will be done. This specifically focuses on identifying heart structural abnormalities relevant to the age group being screened.

## Will every participant get both an EKG and an ECHO at the screening?

Every participant gets an EKG. The decision for an ECHO is made at the discretion of a cardiologist. About 10% of the participants have an ECHO to evaluate the heart from another perspective. Getting an ECHO is not confirmation there is a heart problem.

## What does it mean if my screening finding indicates that further evaluation is needed?

It may indicate the presence of a cardiac condition that may require further follow-up testing and treatment by a physician. You will need to contact your physician to determine the need for further testing and treatment.

## Will a diagnosis be made on the results of the screening?

NO. THIS IS A SCREENING ONLY. A clinical diagnosis can only be made incorporating the EKG findings with a history and physical performed by your own physician. If you are told additional follow-up is needed, we recommend you follow-up with your medical provider and share the copy of the EKG and medical results with your physician. Copies of your EKG or medical summary will NOT be available after the screening.

## If the EKG is within normal limits, does it need to be repeated again in future years?

The EKG is meant to be a baseline test to compare with future EKG evaluations. Current international recommendations are to repeat the EKG every two years through age 25 or if any warning signs or symptoms of SCA are present.

## What are the warning signs and symptoms of a heart condition or SCA?

- Chest pain or pressure
- Skipped heartbeat
- Fast heartbeat
- Shortness of breath or difficulty breathing
- Light headedness or dizziness
- Fainting or Seizure
- Unexplained Fatigue

## Will the results be shared with the school?

All Heart Screenings are confidential, and results will not be shared with the school or school district.