



503-216-6800 • www.PlaySmartGetScreened.org

The goal of Play Smart™ is to screen young people for serious cardiovascular abnormalities that might otherwise not be identified in typical pediatric evaluations. No screening program will identify all abnormalities.

The American Heart Association Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes include a screening questionnaire and a physical examination to identify aspects of a person's health that could potentially signal a cardiovascular problem. Symptoms and physical examination findings may include chest pain/discomfort with exertion, unexplained fainting or near-fainting, particularly during or immediately after exercise, excessive and unexplained fatigue associated with exercise, a heart murmur, and/or high blood pressure. A family history of sudden cardiac death, unexplained death of younger individuals, or specific structural or electrical cardiac abnormalities may also be associated with an increased risk. Any of these signs or symptoms as well as a concerning family history should be discussed with your primary care provider apart from this screening to determine any additional appropriate evaluation and/or treatment.

Please complete the questionnaire on the next page. At a Play Smart™ screening, we will check your height and weight, your blood pressure will be measured, and an electrocardiogram (ECG/EKG) will be performed. A copy of your electrocardiogram will be given to you after the screening. **You will receive a secure Providence email with your results within two weeks of your screening.**

Depending on your results, you may be recommended to schedule a free screening ultrasound of your heart (echocardiogram) or follow up with your primary care provider. If you do undergo a screening echocardiogram and it is abnormal, we will provide you with a digital copy of your ultrasound test to share with your doctor. **We will not contact your school or physician with your screening results – all screening results are sent to the participant's family.**

FOR OFFICE USE ONLY

Play Smart ID: _____ BP: _____ Height: _____ Weight: _____

STUDENT NAME: _____

First Last (Legal Name Please – No Nicknames)

Male Female Date of birth: ____/____/____ Age: _____ Grade: _____
mm/dd/yyyy

Check all that apply:

African-American/Black Caucasian/White Native American
 Asian/Pacific Islander Hispanic/Latino South Asian
 Other (please specify): _____

(1) Where do you go to school? _____ Not applicable

(2) Do you either play on an organized sports team or participate in an individual sport? Yes No

If yes, what level: Recreational/intramural Club/Select School College Professional

(3) On average, how many hours of exercise or physical activity do you get each week? (Check one)

More than 10 5-10 2-5 Fewer than 2

(4) How did you hear about Play Smart™?

Family, friend, co-worker: _____ Physician (name): _____

School, school staff (which?): _____ Coach, team (name): _____

TV, radio, internet, newspaper, mailer, flyer (which?): _____ Other: _____

PARENT/GUARDIAN NAME: _____

Parent/Guardian email address: _____

Home phone: (____) _____ - _____ Mobile phone: (____) _____ - _____

Street address: _____

City: _____ State: _____ ZIP: _____

(Physician Information Optional)

PHYSICIAN NAME: _____ No specific physician

Physician address: _____

City: _____ State: _____ ZIP: _____

Physician Phone: (____) _____ - _____