

Heart Screening Consent and Waiver

Participant Name: _____

AGE: _____

I, the undersigned, GIVE permission for my child (under 18 years old)/myself to voluntarily participate in the UPMC heart screening (Heart Screening). I understand that the Heart Screening will consist of a medical questionnaire review, an electrocardiogram (EKG), and subsequent remote review of EKG and collected questionnaire information results. The Heart Screening does not establish a treatment relationship with your child/you and UPMC or the licensed healthcare providers administering the Heart Screening for and on behalf of UPMC.

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 cannot substitute for a consultation with a physician or other medical professional for any medical or health related condition or for regular physical examinations. I have carefully reviewed the information provided on the PIAA Pre-participation Physical Evaluation, including the information regarding Understanding of Sudden Cardiac Arrest Symptoms and Warning Signs.

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, by itself, 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 understand and acknowledge that this Heart Screening is being provided free of charge by UPMC. 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 UPMC, the its health care personnel and volunteers who are conducting or participating in the screening process, 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. 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 UPMC 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.

COMPLETED BY (check one):

☐ Parent/guardian for Participants (under 18)

☐ Student/Participant (18 and over)

PARENT/GUARDIAN or STUDENT NAME (PRINT)

PARENT/GUARDIAN or STUDENT SIGNATURE

DATE

CONTACT INFORMATION (if follow up to EKG is recommended):

CONTACT NAME/RELATIONSHIP TO STUDENT (PRINT)

PRIMARY PHONE NUMBER

ALTERNATE PHONE NUMBER