Heart Screening: Electrocardiogram (ECG)

Holy Trinity Episcopal Academy strongly recommends each student athlete wishing to participate in junior high and/or high school athletics, to have an electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in junior high. An athlete who had an ECG screening prior to partipating in his/her first athletic sport in junior high would need a second ECG screening prior to participating in his/her first athletic sport in high school, unless a previous ECG screening was completed within the preceding 365 days. An athlete who did not participate in junior high athletics, and therefore had not had a previous ECG screening, would need to have an ECG screening prior to partipating in his/her first athletic sport in high school. Heart screening can be declined via parent signature. This form MUST be submitted annually as part of the athletic clearance process.

Date: _____ Student's Name: (Print) _____

Name of School: _____

Sex: _____ Date of Birth: _____ Age: _____ Grade: _____ Student ID #: _____

Please complete ONE of the four options below

☐ An ECG screening has previously been completed and is on file with Holy Trinity's Athletics department. My child has been cleared for participation in ☐ junior high athletics or ☐ high school athletics.

-OR-

☐ An ECG Screening was completed and evaluated by an outside vendor (Example: Who We Play For). Attached is the documentation clearing my child for participation in ☐ junior high athletics or ☐ high school athletics.

-OR-

☐ The following represents the findings of the licensed physician or practitioner after reviewing the ECG screening results for my child:

Cardiac Clearance:
(To be completed by a Licensed Physician or Practitioner*)

Low Risk/Cleared for Participation: _____ Higher Risk/Not Cleared for Participation: _____ Date: _____

Name of Licensed Physician or Practitioner*:

_____ _____

(Print Name) (Signature)

Name of Office: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

-OR-

☐ I decline participation in the ECG screening on behalf of my child although I understand an ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

_____ _____ _____

Parent/Legal Guardian Name Printed Parent/Legal Guardian Signature Parent/Legal Guardian Phone #