

BAY SHORE UNION FREE SCHOOL DISTRICT
Interval

Has or had lightheadedness or dizziness during or after exercise?		
Has or had chest pain, tightness, or pressure during or after exercise?		
Has or had fluttering in the chest, skipped heartbeats, heart racing?		
Been told by a healthcare provider they have or had a heart or blood vessel problem?		

Student Name		DOB:
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SINCE YOUR CHILD'S LAST HEALTH EXAM - CHECK ANY	FAMILY HEART HEALTH HISTORY
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A relative had or is currently experiencing any of the following:

Check all that apply:

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| <p>Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy</p> <p>Arrhythmogenic Right Ventricular Cardiomyopathy?</p> <p>Heart rhythm problems: long or short QT interval?</p> <p>Structural heart abnormality, repaired or unrepaired?</p> <p>Known heart abnormalities or sudden death before age 50?</p> <p>Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?</p> | <p>Brugada Syndrome?</p> <p>Catecholaminergic Ventricular Tachycardia?</p> <p>Marfan Syndrome (aortic rupture)?</p> <p>Heart attack at age 50 or younger?</p> <p>Pacemaker or implanted cardiac defibrillator (ICD)?</p> |
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If you answered **NO** to **all** questions, **STOP**. Sign and date below.

If you answered