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.
**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?  

☐ 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: (___ ___) ___ ___ - ___ ___ ___