



503-216-6800 • [www.PlaySmartGetScreened.org](http://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 potential 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 (an echocardiogram) or follow up with your primary care provider. A copy of your echocardiogram results will be sent to the email and/or mailing address listed on the patient questionnaire. **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: \_\_\_\_\_

\*\*\*IMPORTANT: PLEASE USE PEN (NO PENCIL) TO FILL OUT FORMS\*\*\*

**STUDENT NAME:** \_\_\_\_\_  
First Last (Legal Name Please – No Nicknames)

Gender (at birth):

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™?** \_\_\_\_\_

**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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_