

ELECTROCARDIOGRAM CONSENT FORM AND RELEASE OF LIABILITY

During the screening, you will be asked the following questions. Please be sure to ask the screening staff or volunteers if you have any questions or concerns about answering them.

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| ➤ Have you ever experienced chest pain or discomfort with exercise? | Yes | No |
| ➤ Have you ever passed out or nearly passed out? | Yes | No |
| ➤ Have you ever had excessive shortness of breath or fatigue with exercise? | Yes | No |
| ➤ Have you been told you have a heart murmur, even as a baby? | Yes | No |
| ➤ Have you had high blood pressure? | Yes | No |
| ➤ Does anyone in your family have genetic heart problems (WPW, Marfan Syndrome, HCM, Long QT, etc.) or heart arrhythmia problems (pacemaker, implanted defibrillator, etc.)? | Yes | No |
| ➤ Has anyone in your family under the age of 50 died suddenly or unexpectedly (including drowning, sudden infant death syndrome, etc.)? | Yes | No |
| ➤ Has anyone in your family under the age of 50 been disabled from heart disease? | Yes | No |
| ➤ Have you had a prior restriction from participation in sports <i>because of your heart</i> ? | Yes | No |
| ➤ Have you had a physician order a heart test for you? | Yes | No |
| ➤ Have you been exposed to someone who has tested positive to COVID-19? | Yes | No |
| ➤ Have you been diagnosed or tested positive for COVID-19 infection in the last 14 days? | Yes | No |
| ○ If yes, During the infection did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath? | Yes | No |
| ○ Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance? | Yes | No |