

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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| Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy | Brugada Syndrome? |
| Arrhythmogenic Right Ventricular Cardiomyopathy? | Catecholaminergic Ventricular Tachycardia? |
| Heart rhythm problems: long or short QT interval? | Marfan Syndrome (aortic rupture)? |
| Structural heart abnormality, repaired or unrepaired? | Heart attack at age 50 or younger? |
| Known heart abnormalities or sudden death before age 50? | Pacemaker or implanted cardiac defibrillator (ICD)? |
| Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50? | |

If you answered **NO** to all questions, **STOP**. Sign and date below.

If you answered