

## ELECTROCARDIOGRAM (ECG) SCREEN CONSENT FORM AND RELEASE OF LIABILITY – ADULTS

An ECG screen (also referred to as an EKG) can help identify those who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screen may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I am electing an ECG screen provided by Lakewood Orthopaedics & Sports Medicine, as event host, and Cypress ECG, as event medical provider. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that if my ECG screen is abnormal I am highly recommended to perform further testing (i.e., an echo or ultrasound) and/or a medical consultation. By my signature below, I hereby release and forever discharge, and waive, any and all claims against Lakewood Orthopaedics & Sports Medicine, its employees, trustees, consultants, and contractors (including Cypress ECG Project) that relate to my election regarding and/or participation in the ECG screening project. I authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Education Privacy Rights Act and Health Insurance Portability and Accountability Act of 1996.

Name Printed		Date	Phone #	
Signature	E-Mail address			
	PARTICIP	ANT INFOR	RMATION	
Ethnicity: African American	Asian	Caucasian	Hispanic	Other
Age: Gender: Male Fer	male Birthdate _		Height:	Weight:
Previous Cardiac Issues (if any)				
Family Cardiac History (if any)				

