

BAY SHORE UNION FREE SCHOOL DISTRICT
Interval

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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| <p>Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy</p> <p>Arrhythmogenic Right Ventricular Cardiomyopathy?</p> <p>Heart rhythm problems: long or short QT interval?</p> <p>Structural heart abnormality, repaired or unrepaired?</p> <p>Known heart abnormalities or sudden death before age 50?</p> <p>Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?</p> | <p>Brugada Syndrome?</p> <p>Catecholaminergic Ventricular Tachycardia?</p> <p>Marfan Syndrome (aortic rupture)?</p> <p>Heart attack at age 50 or younger?</p> <p>Pacemaker or implanted cardiac defibrillator (ICD)?</p> |
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If you answered **NO** to **all** questions, **STOP**. Sign and date below.

If you answered