



**THANK YOU** for joining mCORE™ in our mission to provide more advanced and sophisticated screenings for athletes. We look forward to partnering with Licking Memorial Hospital to help protect your young athlete from experiencing a potentially life threatening cardiac event.

mCORE™ cardiac screenings include a screening Echocardiogram (ultrasound of the heart) as well as an ECG. The screening Echocardiogram assesses the mechanical function of the heart. The ECG assesses the electrical function of the heart. The screening Echocardiogram and ECG allow for a live interpretation of the heart, in less than 15 minutes time.

All screening participants should wear loose fitting pants, or shorts. Your child may have to partially disrobe, in order to expose the areas of the chest and torso necessary for the testing devices to be attached. The registered technician will need access to the lower legs for the ECG portion of the screening as well. mCORE™ cardiac screenings are safe and painless.

All mCORE™ cardiac screenings are interpreted by a Board Certified Cardiologist. When your child's mCORE™ screening has been interpreted, you will be notified via email with a letter from the Cardiologist. Screening results will be emailed within seven to ten business days, on average.

Once your mCORE registration is complete you will receive 2 separate emails. One will contain your unique password and the second with your mCORE user name & confirmation number in order to access your child's screening results.

Please complete all required mCORE™ paperwork, prior to your child's screening. If your paperwork is incomplete, we will not be able to screen your child.

Please visit [www.mcoreathletes.com](http://www.mcoreathletes.com) to contact us directly with any questions or concerns.

Yours in health,

**The mCORE Team™**



[mcoreathletes.com](http://mcoreathletes.com)



Please Print

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Email Address

\_\_\_\_\_  
Parent/Guardian Phone Number

**Primary Care Physician (or Pediatrician) Information:**

Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

I grant permission to mCORE to release screening results to listed physician.



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## mCORE™ Heart-Healthy Athlete Screening

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender (circle one) M F

Has it been more than two years since you've had a physical exam including a blood pressure reading and a physician listening to your heart?	YES	NO
Have your parents or has a physician ever told you that you have a heart murmur?	YES	NO
Has a physician ever suggested that you not participate in athletic competition?	YES	NO
Have you had chest pain/pressure, dizziness or racing or "skipped beats" at rest or with exercise?	YES	NO
Have you ever fainted or passed out during exercise or after having been startled?	YES	NO
Have you ever fainted or passed out after exercise?	YES	NO
Have you ever been told that you have high blood pressure, high cholesterol or diabetes?	YES	NO
Have you ever been diagnosed with unexplained seizures or exercise-induced asthma?	YES	NO
Do you use or have you ever used cocaine or anabolic steroids, or do you smoke?	YES	NO
Has anyone in your family had sudden, unexpected death before age of 45?	YES	NO
Has anyone in your immediate family had unexplained fainting or seizures?	YES	NO
Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart or Marfan syndrome?	YES	NO
What sport(s) do you plan on playing?		

If the answer to any of the above questions is YES, please give more details:

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Answered by:

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Student signature date

Parent/Guardian signature date



## INFORMED CONSENT, WAIVER OF LIABILITY AND RELEASE

I, being the parent, legal guardian, or custodian of \_\_\_\_\_, a minor child (herein "my child" and a student at \_\_\_\_\_ (the "School") and , hereby VOLUNTARILY REQUEST AND CONSENT, and give authorization to, mCORE, LLC, an Ohio limited liability company ("mCORE"), to conduct a resting electrocardiogram and an echocardiogram, to attempt to detect potential pre-existing heart conditions in my child which may cause sudden cardiac arrest and/or death. I understand that the information obtained during the course of the testing of my child will be evaluated by a board certified cardiologist, who will review the results to attempt to determine whether there are any of these potential pre-existing heart conditions. I therefore further voluntarily request and consent for a licensed physician to review and evaluate the results from any such tests.

THEREFORE, I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT NEITHER mCORE NOR THE SCHOOL ASSUMES, NOR IS EITHER PARTY RESPONSIBLE FOR PROVIDING, ME OR MY CHILD WITH, AND NEITHER NOR DOES EITHER OWE TO ME OR MY CHILD, ANY MEDICAL OR SIMILAR PROFESSIONAL STANDARD OF CARE, OR DUTY OR RESPONSIBILITY, WITH RESPECT TO THE PERFORMANCE OF ANY TESTING, AND DOES NOT ASSUME ANY DUTY TO PROVIDE, AND WILL NOT PROVIDE, ANY MEDICAL CARE OR ADVICE.

### **NO GUARANTEE OF RESULTS; WAIVER AND RELEASE OF LIABILITY**

I understand that if the resting electrocardiogram and the resting echocardiogram tests are performed on my child, there are many heart conditions my child may have which could result in sudden cardiac arrest which would not be detected by such tests, or which if ordinarily capable of being detected by such test may not present themselves for detection during the course of such testing, and thus go undetected. THEREFORE, I ACKNOWLEDGE AND AGREE THAT mCORE CAN MAKE NO, AND DOES NOT MAKE AND EXPRESSLY DISCLAIMS, ANY WARRANTY OR GUARANTEE THAT IF MY CHILD HAS A HEART CONDITION CAPABLE OF CAUSING SUDDEN CARDIAC ARREST AND/OR DEATH, IT WILL BE DETECTED BY ANY OF THE TESTS BEING PERFORMED BY mCORE.

AS SUCH, I, ON BEHALF OF MYSELF AND MY CHILD, AND OUR ASSIGNEES, HEIRS, DISTRIBUTEES, GUARDIANS, NEXT OF KIN, SPOUSE AND LEGAL REPRESENTATIVES (THE "RELEASING PARTIES"), DO HEREBY ABSOLUTELY, FULLY, AND FOREVER RELEASE, RELIEVE, WAIVE, RELINQUISH AND DISCHARGE mCORE (AS IDENTIFIED ABOVE), ANY PHYSICIANS WORKING IN CONJUNCTION WITH mCORE, THE SCHOOL AND ANY AND ALL OF THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, CONTRACTORS, AND REPRESENTATIVES (THE "RELEASED PARTIES") OF AND FROM ANY AND ALL ACTIONS OR CAUSES OF ACTION, ACTUAL OR ALLEGED CLAIMS, OF ANY KIND OR UNDISCOVERED, ACCRUED OR UN-ACCRUED, SUSPECTED OR UNSUSPECTED, WHICH ANY RELEASING PARTY MAY NOW HAVE CLAIM TO HAVE, OR WHICH MAY AT ANY TIME HEREAFTER ACCRUE, ARISING OUT OF, IN CONNECTION WITH, IN CONSEQUENCE OF, IN ANY WAY INVOLVING, OR RELATED TO THE PERFORMANCE, INTERPRETATION AND COMMUNICATION OF THE RESULTS OF ANY OF THE TESTS OR TESTING AS DESCRIBED IN THIS DOCUMENT, INCLUDING BUT NOT LIMITED TO ANY FAILURE TO DETECT ANY HEART CONDITION WHICH RESULTS IN THE PERSONAL INJURY TO OR DEATH OF MY CHILD, WHETHER DUE TO THE INHERENT LIMITATIONS IN THE TESTING PROCEDURES, THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES, OR OTHERWISE. I ALSO AGREE THAT I, MY CHILD, ASSIGNEES, HEIRS, DISTRIBUTEES, GUARDIANS, NEXT OF KIN, SPOUSE AND LEGAL REPRESENTATIVES WILL NOT MAKE A CLAIM AGAINST, SUE, OR ATTACH THE PROPERTY OF ANY RELEASEE IN CONNECTION WITH ANY OF THE MATTERS COVERED BY THE FOREGOING RELEASE.

I FURTHER UNDERSTAND, ACKNOWLEDGE AND AGREE THAT NEITHER mCORE NOR THE SCHOOL IS RESPONSIBLE OR LIABLE FOR, AND EACH EXPRESSLY DISCLAIMS, THE OUTCOME AND/OR PERFORMANCE OF ANY REVIEW AND/OR EVALUATION, AND ANY CONCLUSION OR RECOMMENDATION, BY ANY PHYSICIAN, DOCTOR, OR OTHER LICENSED MEDICAL PROFESSIONAL BASED ON OR IN CONNECTION WITH THE RESULTS OF ANY TESTING CONDUCTED ON MY CHILD BY mCORE, INCLUDING BUT NOT LIMITED TO ANY NEGLIGENCE OR MEDICAL MALPRACTICE ON THE PART OF SUCH PHYSICIAN, DOCTOR, OR OTHER LICENSED MEDICAL PROFESSIONAL.



I understand and acknowledge that if I desire more comprehensive and extensive heart and cardiac testing, beyond the basic testing provided by mCORE, to more accurately determine whether my child may have pre-existing heart conditions that may lead to sudden cardiac arrest and/or death and test for such conditions which may not be detected by the tests performed by mCORE, then I will need to consult with a licensed cardiologist with adequate testing and clinical capabilities, and that if I have any concern over such issues I have been advised to do so. Such additional tests may include, but are not limited to, a stress electrocardiogram, a stress echocardiogram, and other tests, all of which may detect pre-existing heart conditions which cannot be detected by the basic tests performed by mCORE, or which do not present themselves during the basic tests conducted by mCORE.

I recognize and acknowledge that I am personally responsible for taking appropriate follow-up and additional necessary actions on behalf of my child upon receipt of any results from any of the tests, including but not limited to following up with a licensed physician regarding any detected heart condition and refraining from any physical activities if a heart condition is detected. I understand that follow-up care and treatment for my child is not a part of the testing or services offered by mCORE and is my responsibility.

#### **CONDUCT OF THE TESTING**

In order to conduct the resting electrocardiogram and the resting echocardiogram, on my child, I understand and acknowledge that my child may have to partially disrobe in order to expose the areas of my child's chest and torso necessary for the testing devices to be attached. This is necessary in order for the tests to properly function by monitoring the heart and cardiac activity of my child. I hereby voluntarily consent to such form and manner of testing being conducted on my child. I acknowledge and understand that I, or my child, may stop any testing procedure at any time for any reason or for no reason with no penalty.

In the event that any medical emergency occurs during the testing, while every effort will be made to contact the parent/guardian/custodian, I hereby consent to any treatment which might become necessary as a result of a medical emergency while my child is a participant in the testing. I understand that health/accident coverage is the responsibility of the participant or their parent/guardian/legal custodian.

#### **RELEASE OF RESULTS**

I also hereby voluntarily give consent to the inclusion of the results of any testing performed on my child, and data concerning my child's health and fitness status and family medical history, if any, which may be obtained by personnel of mCORE, in a research data bank which will be used to perform further research and investigations on pre-existing heart conditions, and investigate the relationships between various aspects of lifestyle and health (especially risk of heart disease and pre-existing heart conditions). In addition to the results of any testing performed on my child, the data included in this data bank may be derived from questionnaires, medical examination, and lab testing, and may include medical history, family history of heart disease, smoking history, cardiorespiratory analysis, body composition, exercise tolerance, blood, diet, psychosocial, musculoskeletal, demographic and physical activity data. I further understand that if any testing results indicate the potential of any life threatening or serious condition, I authorize mCORE to release and share such information with the School and/or team physician.

I understand that this data used for scientific research will receive only impersonal statistical treatment and that my child's individualized personal data will not be revealed to another person without my prior consent. Further, I recognize that I can discontinue participation at any time without penalty of any kind upon written notice to mCORE.

I have read the forgoing carefully and I fully understand its content. I have had reasonable opportunity and a period of time to consult with an attorney regarding the form and substance of this document if I desired or thought it advisable. Any questions that I might have concerning this information and consent have been answered to my satisfaction. I understand that I may be present if I wish during the course of any and all of the testing being performed on my child as described above. mCORE, LLC

**Signature of Parent/Guardian/Legal Custodian:** Acknowledged and agreed, I hereby voluntarily consent to the testing of \_\_\_\_\_ (print name of child) by mCORE to attempt to detect potential pre-existing heart conditions as described above, and further agree to the waiver of liability, and agree to the release of the results of the testing, all on the terms and conditions stated, and as described in further detail, above.

I therefore confirm the release of liability of mCore, LLC (the "mCore") and those other persons listed above in the Informed Consent, Waiver of Liability and Release form in connection with such test, as described in such Form.

**ACKNOWLEDGED AND AGREED:** I have signed this Informed Consent, Waiver of Liability and Release document which is three (3) pages long. And I hereby voluntarily consent to the testing of \_\_\_\_\_ (print name of child) by mCORE for potential pre-existing heart conditions as described, and on the terms and conditions stated, above.

By: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Child/Minor (only sign if 16 years or older – not required if child under 16): I hereby voluntarily consent to the testing of potential pre-existing heart conditions by the testing company as described above.

By: \_\_\_\_\_

Printed Name of Child/Minor: \_\_\_\_\_