...For a Lifetime of Learning
Mineola
PUBLIC SCHOOLS

Mineola High School
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Catherine Fishman, Interim Superintendent of Schools

Form must be completed in its entirety by parent or guardian in order to be examined by the school doctor.

SINCE YOUR CHILD'S LAST HEALTH EXAM - CHECK ANY **NEW** FAMILY HEART HEALTH HISTORY	
A relative had or is currently experiencing any of the following: (Check all that apply)	
☐ 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?	

☐ **None of the above apply**

By signing, I certify that the questions have been answered to the best of my knowledge and that my child is in good health.

I give my permission for my child,_____ to be examined by the school physician.

Parent/Guardian Signature_____Relationship_____

Phone number_____Date_____