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Michael Nagler, Ed.D., 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 ☐ Arrhythmogenic Right Ventricular Cardiomyopathy? ☐ Heart rhythm problems: long or short QT interval? ☐ Structural heart abnormality, repaired or unrepaired? ☐ Known heart abnormalities or sudden death before age 50 ☐ Unexplained fainting, seizures, drowning, near drowning,	
☐ 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,the school physician.	to be examined by
Parent/Guardian Signature	Relationship
Phone number	Date