



December 11, 2025

Dear Parents,

Sarah Bush Lincoln Health Center and the Rotary Athletic Heart Screening program is pleased to once again provide a *free* heart screen for high school athletes who will be between the ages of 15-17 years of age at the time of the screening. The screening will be on Saturday **March 7, 2026 beginning at 8 a.m.** at SBL's Heart Center. This painless and harmless screening is intended to detect undiagnosed heart problems, which in the heat of competition could injure your child. It is not a complete cardiac work up.

This free service, which has been offered to athletes for many years, has detected heart abnormalities in a number of students. Although most abnormalities were minor, some have been quite significant and required treatment. I encourage you to allow your child to participate in this valuable program. If you have questions about the heart screen program, don't hesitate to contact me at the SBL Heart Center, **217-238-4550**.

This program includes collecting health history, performing a physical specifically targeted to detect at-risk athletes, and an electrocardiogram will detect dangerous electrical abnormalities of the heart. In addition, we are excited to offer, for the first time, a blood draw to check for iron deficiency!

Please complete the original Registration Form, Student Participation and Parental Approval form and History Worksheet. Forms cannot be copied due to the barcode feature on the forms. Be sure to fill out the original forms in detail and remember to sign them. **Forms must be returned to my office by Friday, February 20, 2026.** Please make back to:

**SBL Heart Center
ATTN: Lori Richardson
1000 Health Center Drive
Mattoon, IL 61938**

Or email forms to: lrichardson@sblhs.org

What do you do after you return the form? Between 7:00 a.m.-3:00 p.m., February 23-27, 2026 call Lori Richardson in the Heart Center at **217-238-4550** to schedule an appointment for your child.

February 20:	Forms due to SBL Heart Center via mail or email
February 23-27:	Parents call Lori to schedule March 7 th screening
March 7:	Athletic Heart Screen Day

For more information, visit www.sarahbush.org and search for Rotary Athletic Heart Screen. Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Lori Richardson, MS RCEP".

Lori Richardson



***NOTE: There are 3 forms with this packet that need to be completed and returned.
If everything is not completed, we cannot schedule your child for this event.***

Name of Student (please print): _____

Name of School (please print): _____

The opportunity to participate in this limited cardiac screening program is entirely voluntary on my part.

Signature of Student

Date

Time

I hereby give my consent for the above-named student to participate in a limited cardiac screening designed to identify undiagnosed abnormalities of the heart which could lead to sudden cardiac death in young athletes. The screening is offered free of charge and in good faith. I understand that the screening will be done at Sarah Bush Lincoln Health Center and results will be interpreted by a physician. If further testing is required due to abnormal test results, I understand that I am responsible for contacting my child's physician (listed below) concerning follow-up testing and I am responsible for the costs of those tests.

Name of Family Physician (please print): _____

Signature of Parent

Date

Time

I give my permission to use a photograph or video of my son/daughter at the Rotary Athletic Heart Screening program for future publicity and marketing purposes.

Signature of Parent

Date

Time





**Rotary Athletic Heart Screening
March 7, 2026 Registration Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____

Date of Birth: _____

Name of School: _____

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WE MUST HAVE THE INFORMATION LISTED BELOW

Family Physician: _____

Physician Address: _____

City: _____ State: _____ Zip: _____

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Name of Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____



Name: _____ Age: _____

Ht: _____ Wt: _____ Sex: ☐ Male ☐ Female

School: _____ Sports: _____

Health history: (cardiac related) please check Yes or No for the questions below.

- ☐ Yes: ☐ No: Problems with heart / blood pressure?
☐ Yes: ☐ No: Chest pain with exercise?
☐ Yes: ☐ No: Dizziness or fainting with exercise?
☐ Yes: ☐ No: Any Surgeries? If yes, what kind:

Family history: (please question the athlete and parent regarding the questions below and check abnormal findings)

- ☐ premature death in one relative (sudden and unexpected, or otherwise) before age 50 years due to heart disease
☐ disability from heart disease in a close relative <50 years of age
☐ specific knowledge of certain cardiac conditions in family members including hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias

(cardiac related) please check Yes or No for the question below.

- ☐ Yes: ☐ No: Has a family member died suddenly at less than 50 years of age of causes other than an accident?

Signature Person Completing Form _____

Date _____

