



Health and Safety Training

**NORTHERN KENTUCKY EMERGENCY MEDICAL SERVICE, INC.
AND
PARENT HEART WATCH
CARDIOVASCULAR SCREENING**

AGREEMENT TO PARTICIPATE IN CARDIOVASCULAR SCREENING

Northern Kentucky Emergency Medical Service, Inc. ("NKEMS") and the Parent Heart Watch ("PHW") are promoting a cardiovascular screening program to promote education on cardiovascular disease and as an advocate for cardiac health. NKEMS will conduct the heart screening, gather results, have the ECG results reviewed by a board-certified cardiologist and/or other appropriate physician and report the results back to you. The confidentiality of the identity of the screening participants obtained in the screening program will be preserved. The screening program may include:

1. Medical History Questionnaire
2. Blood Pressure
3. Electrocardiogram

Data Collection, Analysis and Reporting

The data collected related to your cardiovascular lifestyle screening used for the review of the medical personnel participating in our event will be used in an aggregate form (no names attached) in national data bank reporting. In agreeing to your cardiovascular screening, you understand that the information collected about you during the screening process, including the information contained in your medical health history questionnaire, will only be used in the assessment by the medical personnel involved in the cardiovascular screening. Medical personnel may provide you with the results of your initial screening and recommend ways to improve your medical condition through follow-up care, treatment and education.

By agreeing to participate in the program, if so indicated, you may also be giving your permission to NKEMS/PHW to provide your screening and medical history to your family physician or cardiologist. Further, you authorize your physician to share the screening results and diagnosis with NKEMS/PHW. This information will be used in the aggregate data forma ONLY.

I HEREBY FOREVER RELEASE AND DISCHARGE NKEMS/PHW FROM ANY LIABILITY FOR ANY CLAIM BASED ON THE FAILURE TO DETECT OR FALSELY DETECTING AND/OR IDENTIFYING OR NOT IDENTIFYING ANY CARDIAC ABNORMALITY OR ANY OTHER MEDICAL CONDITION. I further agree to hold NKEMS, its directors, employees, and affiliates, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations involved with this screening harmless and waive all subrogation rights against NKEMS, its directors, officers and employees with respect to the process and results of the cardiac screening performed on this day.

I understand that the responsibility for confirming the results of the screening, initiating follow-up care, and obtaining professional medical assistance is mine, and not that of NKEMS. I consent to the release of information in connection with the screening as described above.

Name of Participant: _____

Signature of Participant: _____

Date: _____

Parental/Guardian Consent for Participants under the Age of 18:

As parent/guardian of the minor participant, I acknowledge that I have read the above agreement and understand its contents. Any questions have been answered to my satisfaction. I grant permission for my child to participate in this heart screening. I consent to the release of information in connection with the screening as described above. I understand that NKEMS will not disclose my child's identity to any third party without my consent.

Name of Child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____