IMPORTANT NOTE

Packets obtained from www.LMHealth.org after registration is completed will include all instructions, forms and consents from Licking Memorial Health Systems (LMHS) and mCORE. **The packet – in addition to a pre-participation physical evaluation form, which may include the 6-page paper form or a PrivIT Profile from the Ohio High School Athletic Association website (www.ohsaa.org), or an equivalent school form – must be completed for each student in order to participate in the screening program.** All forms must be complete and presented at check-in to minimize your wait time and ensure you can participate on the night of your scheduled screening.

This type of screening program may not be appropriate for all participants. If any of the following applies, a primary care physician will need to complete the screening: Any student who has a chronic or complex medical condition including heart issues, is under the care of a cardiologist or any specialist for previous injury, or lives with an adopted or foster family. **All recent injuries or ongoing medical conditions cannot appropriately be cleared during the LMHS Sports Screening Program and must be cleared by your primary care provider or specialist.**

The LMHS Sports Screening Program is specific to pre-participation screenings for athletes and the Criminal Justice, Fire and Physical Therapy Programs at CTEC. Work permits, summer camp physicals, college physicals, or other forms will not be accepted for completion.

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**LMHS SPORTS SCREENING PROGRAM CHECKLIST FOR PARTICIPATION**

**PRIOR TO THE PROGRAM**
- Schedule a screening date online at www.LMHealth.org/SportsScreenings
- Have the LMHS packet of forms complete before arriving to the Program.
- Have pre-participation physical evaluation forms complete before arriving to the Program.
- Have the mCORE consent forms complete before arriving to the Program. Heart screening is required as part of the LMHS Sports Screening Program for athletes entering grades 7, 9 and 11 to be cleared for a physical.
- Check with your coach to see if the concussion screening test is required for participation in your sport, if not provided at the school.

**ON YOUR SCREENING DATE**
- Arrive to check-in between 5:00 and 6:00 p.m. Doors will be locked after 6:00 p.m.
- Have a parent/custodial guardian present to sign consent for treatment. Anyone less than 18 years of age will not be permitted to participate without proper consent.
- Stop at the check out window after completing all of the screening stations. Students need their completed physical form to submit to their school.

**AFTER THE PROGRAM**
- Make a copy of your physical form for your own records before providing to your school’s athletic director. If you participate in multiple sports, you may need additional copies for other coaches throughout the school year.
- Students/parents must provide your completed physical form to your school. LMHS is not responsible for these forms and will not provide copies to your school.
Licking Memorial Health Systems
Sports Screening Program Consent

Student name: ___________________________ Date of birth: ___________________________

Parent or guardian name: ___________________________ Contact phone #: ___________________________

Address: ___________________________ City: ___________________________ Zip: ___________

School district: ___________________________ School: ___________________________ Grade: ___

( next school year)

Primary care physician: ___________________________ First name ___________________________

Last name ___________________________ Phone number ___________________________

Address: ___________________________ City: ___________________________ Zip: ___________

Services/tests that may be performed according to program guidelines, include:
- Pre-Participation Physical Evaluation  - Electrocardiogram (EKG)  - Echocardiogram  - ImPACT Testing

I understand that by signing this form, I am consenting to the above referenced services/tests as a component of the Licking Memorial Health Systems (LMHS) Sports Screening Program which also meets the standards of the OHSAA pre-participation evaluation requirements. Components of the Sports Screening Program – including the pre-participation physical evaluation, EKG, Echocardiogram and/or ImPACT Concussion Screening – will not diagnose all present or future health or cardiac conditions. Any change in symptoms or physical finding should be reported to the athlete’s primary care physician, athletic director or coach immediately.

Authorization to Release Information
I also understand that by signing this consent, it allows LMHS to release the results of the evaluation and/or testing to the student's primary care physician. Abnormal test results or findings outside of the expected normal range will be referred back to the student's primary care physician for further evaluation. The athletic director or athletic personnel at the school will be notified in the event of abnormal results that would prevent the student from participating in any strenuous or athletic event, until cleared by their primary care physician.

The purpose of these disclosures is to notify the student's primary care physician and/or school of the test results from the Sports Screening Program. This authorization shall not expire unless revoked. The authorization may be revoked by contacting the Program Coordinator at (220) 564-2304. These screenings are solely for the purpose of providing the results to the student's primary care physician and/or school; therefore, this consent and authorization to release the information is required as a condition to participate in the Sports Screening Program.

Episodic Care
I have been advised and understand that participation in the LMHS Sports Screening Program, including any testing provided during the program, does not establish an ongoing care relationship with the provider. I understand the program is considered episodic care and does not create a physician-patient relationship.

Student signature: ___________________________ Date: ___________________________

Parent/guardian signature: ___________________________ Date: ___________________________

7487-5001
03/10/2019
Authorization for Disclosure of Information

As part of the Licking Memorial Health Systems (LMHS) Sports Screening Program, you may be referred to mCORE for Echocardiogram or Electrocardiogram (EKG) cardiac screenings.

This authorization allows mCORE to disclose the Echocardiogram or Electrocardiogram results to LMHS. This authorization also allows your primary care provider to disclose follow-up information to LMHS to evaluate and improve the Sports Screening Program.

By signing this authorization, you agree and understand:

1. mCORE may disclose the Echocardiogram or Electrocardiogram results to LMHS.

2. The primary care provider, as listed on the LMHS Sports Screening Program Consent form at the time of services rendered, may disclose medical information related to the Pre-Participation Screening if the Echocardiogram or Electrocardiogram results require follow-up.

3. The purpose of the authorized disclosures is to allow LMHS to evaluate and improve the Sports Screening Program by reviewing the Echocardiogram or Electrocardiogram results and medical information related to those results and the outcome of the follow-up.

4. All information disclosed by mCORE and the primary care provider will be treated by LMHS in the same manner as its own medical records. LMHS will protect this information in accordance with the HIPAA federal privacy and security regulations.

5. You may revoke this authorization in writing at any time by sending a written revocation to LMHS, Attention Julia Holtz, 1320 West Main Street, Newark, Ohio 43055. However, the revocation will not affect disclosures already made by mCORE or your primary care provider in reliance on this authorization prior to revocation.

6. This authorization will expire one year from the date of services provided during the Sports Screening Program, unless otherwise revoked in writing, as described above.

7. You are not required to sign this authorization form – neither LMHS nor mCORE will condition the provision of Sports Screening services to you on the signing of this authorization.

8. If the Sports Screening Program is for a minor, this form may be completed by the minor’s parent or legal guardian and all of the statements above are agreed to by such person on the minor’s behalf.

Printed patient name

Printed name of patient’s legal representative

Authority (e.g., “parent”), if signing for the patient

Signature of patient or patient’s legal representative

Date of signature

7487-5008

04/09/2018