

PATERSON PUBLIC SCHOOLS

Office: (973) 321-0722

Office of Nursing Services

Fax: (973) 321-0485

Cardiac Health Summary

School: _____

School Year: 20____/20____

Student Name _____ DOB _____

Parent Name _____ Parent Phone _____

Date of Examination _____ Please circle: Is this an Annual or Bi-annual Evaluation?

The diagnosis of _____ was made on (date or age of student) _____.

- No heart disease
 - Rheumatic Heart Disease
 - Congenital Heart Disease
- Comments: _____

Normal Vital Signs for this student: BP: _____ Heart Rate: _____ Resp: _____

History of typical signs and symptoms: *(please check those that apply)*

- Palpitations
- Pallor
- Frequent colds
- Sensitivity to heat / cold
- Fatigue
- Cyanosis
- Poor Appetite
- Antibiotic prophylaxis
- Poor Stamina with Slight activity Moderate activity Strenuous activity

Please list most recent dates for the following:

- a. Echocardiogram _____ Cardiac Catheterization _____
- b. Electrocardiogram _____ Angiogram _____
- c. Chest X-ray _____ Cardiac Surgery _____
- d. Other _____

Activity Program: The student may participate in the following activities:

No/Yes

- May participate fully without restrictions.**
- Self-Limiting / As Tolerated Activities in School**
- Warm-up Exercises:** hopping, jumping, stretching, low impact aerobic
- Physical Fitness Testing:** running, sit-ups, push-ups, sprinting, pull-ups
- Non-contact games** with kicking, throwing, running, and volleying, e.g. shuffleboard, jump roping, bowling, badminton, volleyball.
- Weight lifting** limitation: No greater than _____ pounds.
- Long Distance Running**
- Apparatus:** climbing, vaulting, support suspension
- Stunts:** tumbling, rolling, balance and strength
- Competitive/Contact Sports:** soccer, floor hockey, basketball, softball, volleyball, touch football
- Stair Climbing**

Physician Signature _____ Date _____ Stamp _____

School Physician Signature _____ Date _____