

IMPORTANT NOTE

Packets obtained from 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 from the Ohio High School Athletic Association website (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 physician or specialist.**

The LMHS Sports Screening Program is specific to pre-participation screenings for athletes, marching band members, and students in the Criminal Justice and Physical Therapy Programs at C-TEC. Work permits, summer camp physicals, college physicals, or other forms (including the OHSAA COVID-19 Return to Play form) will not be accepted for completion.

LMHS SPORTS SCREENING PROGRAM CHECKLIST FOR PARTICIPATION

PRIOR TO THE PROGRAM

- Schedule a screening date online at LMHealth.org/SportsScreenings.
- Complete the LMHS packet of forms before arriving to the Program.
- Print out the student-specific packet of forms at the time of registration. The appropriate packet for each student is determined by the school and grade level, and should not be copied for multiple participants in order to meet requirements for check-in.
- Complete the mCORE consent forms before arriving to the Program. Students entering grades 7, 9, and 11 are eligible to complete a heart screening, which is required as part of the LMHS Sports Screening Program to be cleared for a physical. Students entering grades 8, 10, and 12 are ineligible for screening this year.
- 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

1. Wait in your vehicle until 5 minutes prior to your scheduled appointment, at which time you may enter the building to check in for the screening.
2. 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. Parents and guardians may wait in their vehicles after check-in, unless needed as a support person by the student or to give additional information to the provider.
3. 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 is unable to provide copies to your school.

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03/23/2026



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 purpose of these disclosures is to notify the student’s primary care physician 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 or sportsphysicals@LMHealth.org. 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: _____

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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 physician 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 physician, 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 physician 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 at any time by contacting the Program Coordinator at (220) 564-2304 or sportsphysicals@LMHealth.org. However, the revocation will not affect disclosures already made by mCORE or your primary care physician 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 Program 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

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**Licking Memorial
Health Systems**



THANK YOU for joining The MCORE Foundation in our mission to provide more advanced and sophisticated screenings for athletes. We look forward to partnering with Licking Memorial Hospital to help protect your young athlete from experiencing a potentially life threatening cardiac event.

The MCORE Foundation cardiac screenings include a screening Echocardiogram (ultrasound of the heart) as well as an ECG. The screening Echocardiogram assesses the mechanical function of the heart. The ECG assesses the electrical function of the heart. The screening Echocardiogram and ECG allow for a live interpretation of the heart, in less than 15 minutes time.

All screening participants should wear loose fitting pants, or shorts. Your child may have to partially disrobe, in order to expose the areas of the chest and torso necessary for the testing devices to be attached. The registered technician will need access to the lower legs for the ECG portion of the screening as well. The MCORE Foundation cardiac screenings are safe and painless.

All MCORE Foundation cardiac screenings are interpreted by a Board Certified Cardiologist. When your child's MCORE Foundation screening has been interpreted, you will be notified via email with a letter from the Cardiologist. Screening results will be emailed within seven to ten business days, on average.

Once your MCORE Foundation registration is complete you will receive 2 separate emails. One will contain your unique password and the second with your user name and confirmation number in order to access your child's screening results.

Please complete all required MCORE Foundation paperwork, prior to your child's screening. If your paperwork is incomplete, we will not be able to screen your child.

Please visit mcorefoundation.org to contact us directly with any questions or concerns.

Yours in health,

The MCORE Foundation Team



mcorefoundation.org



**Licking Memorial
Health Systems**



Please Print

Parent/Guardian Name

Parent/Guardian Email Address

Parent/Guardian Phone Number

Primary Care Physician (or Pediatrician) Information:

Name of Physician _____

Address _____

Phone Number _____

Email Address _____

I grant permission to The MCORE Foundation to release screening results to listed physician.



The MCORe Foundation Heart-Healthy Athlete Screening

Student's Name _____ Birth date _____

Height _____ Weight _____ Gender (circle one) M F

Has it been more than two years since you've had a physical exam including a blood pressure reading and a physician listening to your heart?	YES	NO
Have your parents or has a physician ever told you that you have a heart murmur?	YES	NO
Has a physician ever suggested that you not participate in athletic competition?	YES	NO
Have you had chest pain/pressure, dizziness or racing or "skipped beats" at rest or with exercise?	YES	NO
Have you ever fainted or passed out during exercise or after having been startled?	YES	NO
Have you ever fainted or passed out after exercise?	YES	NO
Have you ever been told that you have high blood pressure, high cholesterol or diabetes?	YES	NO
Have you ever been diagnosed with unexplained seizures or exercise-induced asthma?	YES	NO
Do you use or have you ever used cocaine or anabolic steroids, or do you smoke?	YES	NO
Has anyone in your family had sudden, unexpected death before age of 45?	YES	NO
Has anyone in your immediate family had unexplained fainting or seizures?	YES	NO
Has a physician diagnosed anyone in your family with an abnormally thickened heart, weakened heart or Marfan syndrome?	YES	NO
What sport(s) do you plan on playing?		

If the answer to any of the above questions is YES, please give more details:

Answered by:

Student signature date

Parent/Guardian signature date

INFORMED CONSENT, WAIVER OF LIABILITY AND RELEASE

I, being the parent, legal guardian, or custodian of _____, a minor child (herein "my child" and a student at _____ (the "School") and , hereby VOLUNTARILY REQUEST AND CONSENT, and give authorization to, mCORE Foundation, LLC, an Ohio limited liability company ("mCORE"), to conduct a resting electrocardiogram and an echocardiogram, to attempt to detect potential pre-existing heart conditions in my child which may cause sudden cardiac arrest and/or death. I understand that the information obtained during the course of the testing of my child will be evaluated by a board certified cardiologist, who will review the results to attempt to determine whether there are any of these potential pre-existing heart conditions. I therefore further voluntarily request and consent for a licensed physician to review and evaluate the results from any such tests.

THEREFORE, I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT NEITHER mCORE NOR THE SCHOOL ASSUMES, NOR IS EITHER PARTY RESPONSIBLE FOR PROVIDING, ME OR MY CHILD WITH, AND NEITHER NOR DOES EITHER OWE TO ME OR MY CHILD, ANY MEDICAL OR SIMILAR PROFESSIONAL STANDARD OF CARE, OR DUTY OR RESPONSIBILITY, WITH RESPECT TO THE PERFORMANCE OF ANY TESTING, AND DOES NOT ASSUME ANY DUTY TO PROVIDE, AND WILL NOT PROVIDE, ANY MEDICAL CARE OR ADVICE.

NO GUARANTEE OF RESULTS; WAIVER AND RELEASE OF LIABILITY

I understand that if the resting electrocardiogram and the resting echocardiogram tests are performed on my child, there are many heart conditions my child may have which could result in sudden cardiac arrest which would not be detected by such tests, or which if ordinarily capable of being detected by such test may not present themselves for detection during the course of such testing, and thus go undetected. THEREFORE, I ACKNOWLEDGE AND AGREE THAT mCORE CAN MAKE NO, AND DOES NOT MAKE AND EXPRESSLY DISCLAIMS, ANY WARRANTY OR GUARANTEE THAT IF MY CHILD HAS A HEART CONDITION CAPABLE OF CAUSING SUDDEN CARDIAC ARREST AND/OR DEATH, IT WILL BE DETECTED BY ANY OF THE TESTS BEING PERFORMED BY mCORE.

AS SUCH, I, ON BEHALF OF MYSELF AND MY CHILD, AND OUR ASSIGNEES, HEIRS, DISTRIBUTEES, GUARDIANS, NEXT OF KIN, SPOUSE AND LEGAL REPRESENTATIVES (THE "RELEASING PARTIES"), DO HEREBY ABSOLUTELY, FULLY, AND FOREVER RELEASE, RELIEVE, WAIVE, RELINQUISH AND DISCHARGE mCORE (AS IDENTIFIED ABOVE), ANY PHYSICIANS WORKING IN CONJUNCTION WITH mCORE, THE SCHOOL AND ANY AND ALL OF THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, CONTRACTORS, AND REPRESENTATIVES (THE "RELEASED PARTIES") OF AND FROM ANY AND ALL ACTIONS OR CAUSES OF ACTION, ACTUAL OR ALLEGED CLAIMS, OF ANY KIND OR UNDISCOVERED, ACCRUED OR UN-ACCRUED, SUSPECTED OR UNSUSPECTED, WHICH ANY RELEASING PARTY MAY NOW HAVE CLAIM TO HAVE, OR WHICH MAY AT ANY TIME HEREAFTER ACCRUE, ARISING OUT OF, IN CONNECTION WITH, IN CONSEQUENCE OF, IN ANY WAY INVOLVING, OR RELATED TO THE PERFORMANCE, INTERPRETATION AND COMMUNICATION OF THE RESULTS OF ANY OF THE TESTS OR TESTING AS DESCRIBED IN THIS DOCUMENT, INCLUDING BUT NOT LIMITED TO ANY FAILURE TO DETECT ANY HEART CONDITION WHICH RESULTS IN THE PERSONAL INJURY TO OR DEATH OF MY CHILD, WHETHER DUE TO THE INHERENT LIMITATIONS IN THE TESTING PROCEDURES, THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES, OR OTHERWISE. I ALSO AGREE THAT I, MY CHILD, ASSIGNEES, HEIRS, DISTRIBUTEES, GUARDIANS, NEXT OF KIN, SPOUSE AND LEGAL REPRESENTATIVES WILL NOT MAKE A CLAIM AGAINST, SUE, OR ATTACH THE PROPERTY OF ANY RELEASEE IN CONNECTION WITH ANY OF THE MATTERS COVERED BY THE FOREGOING RELEASE.

I FURTHER UNDERSTAND, ACKNOWLEDGE AND AGREE THAT NEITHER mCORE NOR THE SCHOOL IS RESPONSIBLE OR LIABLE FOR, AND EACH EXPRESSLY DISCLAIMS, THE OUTCOME AND/OR PERFORMANCE OF ANY REVIEW AND/OR EVALUATION, AND ANY CONCLUSION OR RECOMMENDATION, BY ANY PHYSICIAN, DOCTOR, OR OTHER LICENSED MEDICAL PROFESSIONAL BASED ON OR IN CONNECTION WITH THE RESULTS OF ANY TESTING CONDUCTED ON MY CHILD BY mCORE, INCLUDING BUT NOT LIMITED TO ANY NEGLIGENCE OR MEDICAL MALPRACTICE ON THE PART OF SUCH PHYSICIAN, DOCTOR, OR OTHER LICENSED MEDICAL PROFESSIONAL.

I understand and acknowledge that if I desire more comprehensive and extensive heart and cardiac testing, beyond the basic testing provided by mCORE, to more accurately determine whether my child may have pre-existing heart conditions that may lead to sudden cardiac arrest and/or death and test for such conditions which may not be detected by the tests performed by mCORE, then I will need to consult with a licensed cardiologist with adequate testing and clinical capabilities, and that if I have any concern over such issues I have been advised to do so. Such additional tests may include, but are not limited to, a stress electrocardiogram, a stress echocardiogram, and other tests, all of which may detect pre-existing heart conditions which cannot be detected by the basic tests performed by mCORE, or which do not present themselves during the basic tests conducted by mCORE.

I recognize and acknowledge that I am personally responsible for taking appropriate follow-up and additional necessary actions on behalf of my child upon receipt of any results from any of the tests, including but not limited to following up with a licensed physician regarding any detected heart condition and refraining from any physical activities if a heart condition is detected. I understand that follow-up care and treatment for my child is not a part of the testing or services offered by mCORE and is my responsibility.

CONDUCT OF THE TESTING

In order to conduct the resting electrocardiogram and the resting echocardiogram, on my child, I understand and acknowledge that my child may have to partially disrobe in order to expose the areas of my child's chest and torso necessary for the testing devices to be attached. This is necessary in order for the tests to properly function by monitoring the heart and cardiac activity of my child. I hereby voluntarily consent to such form and manner of testing being conducted on my child. I acknowledge and understand that I, or my child, may stop any testing procedure at any time for any reason or for no reason with no penalty.

In the event that any medical emergency occurs during the testing, while every effort will be made to contact the parent/guardian/custodian, I hereby consent to any treatment which might become necessary as a result of a medical emergency while my child is a participant in the testing. I understand that health/accident coverage is the responsibility of the participant or their parent/guardian/legal custodian.

RELEASE OF RESULTS

I also hereby voluntarily give consent to the inclusion of the results of any testing performed on my child, and data concerning my child's health and fitness status and family medical history, if any, which may be obtained by personnel of mCORE, in a research data bank which will be used to perform further research and investigations on pre-existing heart conditions, and investigate the relationships between various aspects of lifestyle and health (especially risk of heart disease and pre-existing heart conditions). In addition to the results of any testing performed on my child, the data included in this data bank may be derived from questionnaires, medical examination, and lab testing, and may include medical history, family history of heart disease, smoking history, cardiorespiratory analysis, body composition, exercise tolerance, blood, diet, psychosocial, musculoskeletal, demographic and physical activity data. I further understand that if any testing results indicate the potential of any life threatening or serious condition, I authorize mCORE to release and share such information with the School and/or team physician.

I understand that this data used for scientific research will receive only impersonal statistical treatment and that my child's individualized personal data will not be revealed to another person without my prior consent. Further, I recognize that I can discontinue participation at any time without penalty of any kind upon written notice to mCORE.

I have read the forgoing carefully and I fully understand its content. I have had reasonable opportunity and a period of time to consult with an attorney regarding the form and substance of this document if I desired or thought it advisable. Any questions that I might have concerning this information and consent have been answered to my satisfaction. I understand that I may be present if I wish during the course of any and all of the testing being performed on my child as described above.
mCORE Foundation, LLC

Signature of Parent/Guardian/Legal Custodian: Acknowledged and agreed, I hereby voluntarily consent to the testing of _____ (print name of child) by The MCORE Foundation to attempt to detect potential pre-existing heart conditions as described above, and further agree to the waiver of liability, and agree to the release of the results of the testing, all on the terms and conditions stated, and as described in further detail, above.

I therefore confirm the release of liability of The MCORE Foundation, LLC (the "mCore") and those other persons listed above in the Informed Consent, Waiver of Liability and Release form in connection with such test, as described in such Form.

ACKNOWLEDGED AND AGREED: I have signed this Informed Consent, Waiver of Liability and Release document which is three (3) pages long. And I hereby voluntarily consent to the testing of _____ (print name of child) by mCORE for potential pre-existing heart conditions as described, and on the terms and conditions stated, above.

By: _____ Relationship to Child: _____

Name: _____ Date: _____

Signature of Child/Minor (only sign if 16 years or older – not required if child under 16): I hereby voluntarily consent to the testing of potential pre-existing heart conditions by the testing company as described above.

By: _____

Printed Name of Child/Minor: _____