



awareness, support, screening and research
01737 363222 cry@c-r-y.org.uk www.c-r-y.org.uk

Consent Form for Cardiac Screening - RFL

It is extremely important that you have read and understood the information sheet provided with this consent form.

Please tick the following box to confirm you have fully read and understood the screening information on the attached.

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Test Procedure: An Electrocardiogram (or ECG for short) is a simple, non-invasive and painless test that examines the electrical activity within your heart. Small stickers are placed at strategic points on your chest. Flexible leads that extend from the ECG machine are then attached to these stickers. The electrical rhythm of your heart is recorded and printed out on thermal paper. An Echocardiogram (ECHO) is an ultrasound scan of the heart that measures cardiac dimensions and the flow of the blood in and out of the heart. Just like a sonogram of a pregnant woman, the scan is painless, non-invasive and takes no more than 20 min. If you wish, a friend or chaperone can accompany you during the procedures. All medical personnel who are linked to CRY are verified and approved by Professor Sanjay Sharma. All results are treated in the strictest of confidence. CRY may contact you in the future for information about any follow up tests you may require.

Results: It should be noted that the results will appear abnormal in a small percentage of cases and follow up tests will then be required to further evaluate your cardiac health. If you are over 16, CRY will aim to notify you at the time of screening. If you are under 16, and your parents are not present at the screening, CRY will aim to notify your parents as soon as possible after the screening event..

STATEMENT: I have read and understood the implications of further testing, outlined in the CRY Information Sheet. I understand that in the rare event an abnormality is confirmed, this may affect some types of mortgage and health/life insurance applications and that it may also affect some careers. Questions concerning the testing procedure have been answered to my satisfaction. I also understand that I am free to withdraw consent and discontinue participating in any procedures without giving a reason.

I have also been informed that the information derived from these tests is confidential and can only be disclosed to my club doctor/physio in charge of my medical file, general practitioner, and/or other medical practitioners who are involved in my care.

I agree that CRY can provide this and any previous CRY screening reports to my club medical officer/physio, general practitioner and/or other medical practitioners who are involved in my care.

I agree that the medical representative for the RFL will receive my cardiac screening results and will be made aware of any players who need onward referral for further investigation.

I also agree that the information from these tests will be held on a database and can be used anonymously for research purposes by CRY.

(SIGNATURE).....

NAME OF CLIENT (PRINTED).....

CONTACT TEL. NO.

PARENTS SIGNATURE.....DATE.....

(Required if individual is under 16 years of age)